



Final Report

Evaluation of NSW Government Safe Families
Program Revised Service Delivery Model

May 2013

Aboriginal Affairs

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Walgett: Richard Simpson, Robyn Gran, Belinda Jones.

Lightning Ridge: Johanna Parker, Elizabeth Smith; Kevin Kelly, Lawrence Walford.

Brewarrina: Jenny Barker and Bruce Bennett, and community member, Jason Ford.

Bourke: Mary Ronayne, Dot Martin.

Case Coordination Group and Issues Panel Members

Consultations were held with the five communities' CCG's and IP's in joint CCG/IP sessions. The consultants are indebted to the 55 people who gave their time and expertise to these informative sessions. Several individual CCG and IP members were also interviewed. We appreciated these opportunities for more detailed discussions.

Contracted NGO Senior Staff Members

Mission Australia NSW: Dale Towns, Luke Butcher, Gina Dellar, Emma Mould.

MacKillop Rural Community Services: Rhonda Gleeson.

Regional Aboriginal Child Sexual Assault Group Members

- Julie Blackhall Regional Director, Binaal Billa, Atg Director, Safe Families, Aboriginal Affairs NSW (Western Office) & Steve Bulter, Senior Project Officer, Aboriginal Affairs NSW (Western Office).
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Cambridge Education also acknowledges the input to the evaluation data base by the 51 respondents to the online survey. The consultants acknowledge the short timeframe within which people were required to respond and appreciate the efforts taken to complete the survey.

Executive Summary

A.1 Introduction

Cambridge Education undertook the evaluation of the Revised Service Delivery Model (RSDM) of the Safe Families Program commencing mid-April 2013.

The scope of the program evaluation includes (but not limited to):

- The effectiveness of the Revised Service Delivery Model to date, including:
 - The operations and outcomes of the Case Coordination Group;
 - The operations and outcomes of the Issue Panels;
 - The operations and outcomes of the Local Aboriginal Reference Groups; and
 - The performance of the contracted NGO's against their roles.
- Whether there is a satisfactory level of involvement of community members and key service delivery agencies in local program development;
- Evidence of factors that strongly indicate positive results, identify barriers to implementation and indicate opportunities for improvement;
- Recommendations to continue the structures within current agencies' budgets and frameworks.

The methodology used in the evaluation

- Safe Families Program related policy review, including the evaluation of Stage 1 of the Program, and a review of the research literature on Indigenous child protection;
- Analysis of provided Safe Families Program progress reports 2011-2012;
- Analysis of survey responses from the full memberships of the above Groups and Panels;
- Consultations involving members of RSDM Local Aboriginal Reference Groups, Case Coordination Groups, Issues Panels and Regional Aboriginal Child Sexual Assault Group during visits to Wilcannia, Bourke, Brewarrina, Walgett and Lightning Ridge, Dubbo and Broken Hill, augmented by two phone interviews; and
- Thematic analysis of the accumulated quantitative and qualitative data leading to recommendations.

The draft report was made available to members of RACSAG in the first week of May 2013. Reviews of the draft report were received from the three partner organisations of the Safe Families Program on 21 May 2013; that is, NSW Office of Aboriginal Affairs, NSW Ministry of Health and NSW Family and Community Services. The final report includes the considered and constructive advice from the partner organisations. The consultants note the discrepancy in the comments from the Aboriginal Affairs and Health reviewers on the one hand and those from the reviewer from Community Services on the

other. The Community Services reviewer's comments reinforced the evidence-based conclusion of the evaluation that a misunderstanding over the role of Community Services in the RSDM of the Safe Families Program contributed to tensions amongst the agencies involved at the operational level of the Program.

A.2 Policy and Literature Review Outcomes

The policy review noted:

- The New South Wales *Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities*, with its emphasis on involved government agencies and non-government organisations working together to address the disadvantage that can underlay child abuse, the need to significantly improve the quality and efficiency of services delivered to Aboriginal communities in the NSW;
- The findings from the evaluation of Stage 1 of the Safe Programs that commented on the Program's implementation in the following terms:
 - Unrealistic timeframes – and subsequently limited community ownership;
 - Failure to build a new culture – required to support interagency approaches to services provision;
 - Lack of understanding of the role of a lead agency in service delivery – and general role clarification;
 - A community perception that the Safe Families Program was a part of Community Services;
 - An overarching lead agency (Aboriginal Affairs NSW) with limited experience in program development and management of service delivery.
 - A lack of data limiting a summative analysis of the program.

The policy review scoped the NSW Governmental response to the Stage 1 evaluation culminating in the RSDM of the Safe Families Program. Key areas for change included:

- NGO involvement – increasing service accessibility;
- community involvement - increasing responsibility and capacity;
- impact measurement – gathering evidence of individual, community and whole of program outcomes.

The review of the research literature identified, in the research pertaining to Indigenous child sexual abuse, relevant research-based findings under the following themes:

- Barriers to success;
- Cultural Frameworks and Cultural Competency;
- Building Safe and Supporting Indigenous Families and Communities;

- Engaging communities and building community capacity;
- Working with Aboriginal families;
- Accountability and program outcomes.

A.3 Safe Families Program Progress Reporting 2011 - 2013: Document Review

The analysis of the progress reports provided by the Aboriginal Affairs NSW (Western Office) concluded that:

- new referrals of vulnerable Aboriginal families across the three quarters July 2012 to March 2013 were:
 - Wilcannia 7, 7 and 0;
 - Bourke 9, 1 and 3;
 - Brewarrina 9, 0 and 0;
 - Walgett 3, 1 and 0;
 - Lightning Ridge 0, 0 and 0.
- Actively case managed families across the three quarters July 2012 to March 2013 were:
 - Wilcannia 2, 2 and 5;
 - Bourke 3, 5 and 6;
 - Brewarrina 7, 7 and 7;
 - Walgett 2, 3 and 3;
 - Lightning Ridge 0, 0 and 0.
- the use of these reports to evaluate the effectiveness of the RSDM is restricted to the type of information included. However, the following statements are supported;
 - progress has been made in all five communities in the establishment of key outcomes such as the development and implementation of community based prevention plans and activities;
 - the coordination between agencies through attendance at meetings shows evidence of strain, with non-attendances commonly reported;
 - variation in the outcomes achieved at different sites suggests that there is the potential to identify some strategies that are more successful than others.

A.4 Analysis of Survey Responses

The survey responses were summarised into main areas covering:

- Community engagement and education;
- Family referral and case coordination (organisational operations);

- Collaboration and Representation;
- Delivery of services through the interagency model;
- Staffing and Community;
- Workforce Development;
- Engagement with Community; and
- Future Arrangements.

The survey items were presented as a positive statement regarding the content area and responses were collected on the extent to which people agreed or disagreed with the statement.

The responses to the community engagement and education criteria in the survey were on average close to half way between Agreeing and Disagreeing. The levels of negativity for each community are similar for 'Community Engagement' and 'Community Education' with Brewarrina and Wilcannia having the lowest summary averages for both dimensions.

Organisational operations was rated more positively with average results close to the Agree level of response. Small differences existed between the different sites with Brewarrina and Wilcannia having the lowest summary averages.

Collaboration and representation recorded relatively larger differences between the sites with Brewarrina and Wilcannia tending to disagree with the items and the other sites tending to agree with the items.

Taking the five communities together, the common representation deficit is in two significant areas:

- Lack of balanced and relevant representation on IP's from the Aboriginal community; and
- Lack of appropriate agency staff regularly attending IP and CCG meetings.

Service delivery was made up of four main areas including:

- Levels of understanding by service agency staff of the aims and workings of the Safe Families Program under the RSDM;
- Family referral process;
- Management of interagency relationships; and
- Nature of services located in the remote NSW townships.

Understanding of the Safe Families Program by agency staff was lowest at Brewarrina. This lack of understanding is more pronounced for the way the Program operates at the community level.

The process of family referral was working best in Bourke and least well in Wilcanna. The process has not been activated in Lightning Ridge.

The management and monitoring of interagency relationships was variable between sites with the most positive practices occurring in Bourke and least positive in Brewarrina.

The availability of culturally relevant services for Aboriginal families and young people was rated highest in Walgett and Lightning Ridge.

The responses to items regarding Staffing and Community were generally between Agreement and Disagreement. The main issues emerged around:

- A pressing need to build community trust and confidence in those agencies delivering services to their vulnerable families;
- The adequacy of staffing levels in these same agencies;
- The importance of community-based agency staff for the effective development of interagency working relationships.

The 'Workforce Development' set of six criteria produced the most positive set of means for the analysed survey responses. In general, respondents judged themselves, colleagues and most other agency staff as well equipped for interagency team-based family case management, operating with cultural sensitivity and not requiring further training in case management.

In regards to some possible future arrangements, for service provider personnel committed to coordinated interagency practice two insights emerged from these data:

- Financial support for the administration of coordinated interagency practice at the local community level will be required, although part of the costs involved may be available from within the budgets of particular organisations/agencies. Additional funding may be of a 'gap-filling' nature.
- There is optimism that agencies committed to coordinated interagency practice will attempt to work through barriers presented by a diminution of levels of State Government funding and continue to support vulnerable families.

A.5 Analysis of Community-based Consultation Data

The outcomes from the analysis of the community-based consultations, in summary, are the following key factors and positively contributing themes:

A.5.1 Key Factors associated with the Implementation of the RSDM of the Safe Families Program: Community Consultations

RSDM Component	Positive Contribution	Barrier to Effective Operations	Room for Improvement
LARG	<p>Impact of credentialing local Aboriginal adults about family wellbeing and health</p> <p>Impact of raising awareness of child sexual abuse in the Aboriginal community through structured training programs</p> <p>Importance of connecting domestic violence with child sexual assault</p> <p>The importance of clear messaging about child sexual abuse</p>	<p>Lack of authentic community consultation</p> <p>Membership screening process of volunteers to the LARG</p> <p>The perceived unpredictability of Community Services in the lives of Aboriginal families</p> <p>RSDM programmatic invisibility in the community</p>	<p>Dealing with the recent history of child removals (2)</p> <p>Building trust with agencies</p> <p>Locating the LARG within a more representative community organisation</p> <p>The addition of community members to families' case management teams</p>
CCG	<p>The importance of a supportive school principal in the community</p> <p>Interactive government and non-government agencies</p> <p>Interface between the operations of JIRT's and of CCG's</p> <p>The importance of dedicated secretariat support for CCG meetings</p> <p>Effective interagency case management</p>	<p>Conflicting perceptions between Government and Non-government agency personnel</p> <p>Imbalance between government and non-government agencies (3)</p> <p>Excessive detail in discussions of Aboriginal families</p> <p>Aboriginal family discussions behind closed doors</p> <p>High levels of apologies from Aboriginal CCG members</p> <p>Shortage of local Community Services trained staff</p> <p>The history of child removals in Aboriginal communities in NSW and elsewhere</p> <p>Local community politics and the Safe Families Program</p>	<p>Confusion over the 'lead' agency concept and case management professional development (2)</p> <p>Aboriginal community involvement in CCG deliberations</p> <p>Community concerns over a Safe Families Program hidden agenda</p> <p>Families consenting to be case managed without full knowledge of the CCG</p> <p>Competent integrated case management</p> <p>The perception that Aboriginal families are being discriminated against</p> <p>Flexibility of government agency personnel in vulnerable family case management</p>
IP	<p>Child Sexual Abuse messaging through structured training programs</p> <p>IP activities informed by Aboriginal community perspectives (2)</p> <p>Interagency involvement in child sexual abuse prevention activities</p>	<p>Minimal Aboriginal community input to IP deliberations</p> <p>Minimal Safe Families Messaging in engagement activities</p>	

A.5.2 Five Positively Contributing RSDM Operational Themes

Outcomes from the evaluation included the identification of five themes that underpin best practice in the development and implementation of child and young person sexual abuse prevention programs. The implementation of the RSDM of the Safe Families Program struggled to achieve the levels of best practice indicated by this thematic set, future programs should set best practice KPI's accordingly.

Theme 1: Building Aboriginal Community Trust in the Motives of the Agencies involved in the Child and Young Person Sexual Abuse Prevention Program through Authentic Aboriginal Community Consultation and Shared Ownership.

Strategic Actions:

- i. Maintain a Local Aboriginal Reference Group (LARG) but locate the LARG within a higher-order representative association in the community, for example, the Community Working Party;
- ii. Establish the LARG with a child and young person sexual abuse prevention portfolio of responsibilities within the Community Working Party;
- iii. Explore the range of opportunities for Aboriginal community members to contribute to the case management of vulnerable families and, in consultation with the LARG, pilot agreed-upon actions.

Theme 2: Promoting the Presence in Aboriginal Communities of a Supportive and Culturally Sensitive Programmatic Response to the Prevention of the Sexual Abuse of Children and Young People with the Goal of Constructive Community Engagement.

Strategic Actions:

- i. Undertake explicit child and young person sexual abuse messaging to the Aboriginal community including messages highlighting the connection between family violence and sexual abuse;
- ii. Re-establish a 'Shop Front' open to the community to promote the visibility of the preventative program;
- iii. Explicitly address Aboriginal community concerns about any 'hidden agenda' of the child and young person sexual abuse preventative program and perceptions of discrimination;
- iv. Acknowledge the history of child removals from Aboriginal families in the community and elsewhere, and address concerns family members may have about current practices of government agencies in this regard.

Theme 3: Credentialing Local Aboriginal Adults about Family Wellbeing and Health and the Delivery of Structured Learning Courses for both Adults and Young People on the Prevention of the Sexual Abuse of Children and Young People.

Strategic Actions:

- i. Bring directly into the ambit of child and young person sexual abuse preventative programs the promotion and delivery of VET and CAE courses on child development, parenting, family wellbeing and healthy lifestyles;
- ii. Support the introduction in the communities' schools of preventative education and awareness raising programs intent on reducing the incidence of child and young person sexual assault.

Theme 4: Government and Non-government Agencies Contributing to the Servicing of the Complex Needs of Vulnerable Aboriginal Families as Fully Interactive and Accountable Contributors.

Strategic Actions:

- i. Induction of all agencies with capacities and services relevant to addressing the complex needs of vulnerable Aboriginal families into a structured case management model that includes planning, clear tasking, monitoring and review;
- ii. All agencies undertaking case management of vulnerable Aboriginal families report on their service delivery responses to an interagency coordinating group comprising all government and non-government agencies active in the child and young person sexual abuse prevention program in the community;
- iii. Maintain active and dedicated administrative support for the coordination of interagency responses to the prevention of sexual abuse of children and young people in each Aboriginal community.

Theme 5: Up-skilling Frontline Workers to better prepare them for the Specific Challenges of servicing the Complex Needs of Vulnerable Aboriginal families.

Strategic Actions:

- i. Provide regular professional development opportunities for all staff of agencies delivering preventative sexual abuse services focused on professional practices contributing to effective interagency case management of vulnerable Aboriginal families;
- ii. Immediately address the shortage of locally-based agency staff;

- iii. Provide on-going training for local agency staff to become competent workers in interagency case management teams.

A.6 Analysis of Contracted NGO Consultation Data

The outcomes from the analysis of the Contracted NGO consultations, in summary, are the following key factors and positively contributing themes:

A.6.1 Key Factors associated with the implementation of the RSDM of the Safe Families Program: Contracted NGO Perspective

RSDM Component	Positive Contribution	Barrier to Effective Operations	Room for Improvement
Contracted NGO	A Commitment to the Long Haul	Family Case Management Models Conflict	A Weak Collaborative Ethos Amongst CCG Agency Members
	Actively Supportive Community and Agency Members	Family Case Management Lead Agency Confusion	Building in Interagency Accountability
	Positive Participation in Professional Development Opportunities	Negative Consequences of the Safe Families Program Stage 1 for the RSDM	
	Broadening of the Interagency/Collaborative Ethos amongst Agencies	Incompetent and Uncommitted Family Case Managers	
	Key Role for Community Schools in the RSDM of the Safe Families Program		

A.6.2 Four Positively Contributing RSDM Operational Themes

Theme 1: Clearly Establishing the Longevity of the Safe Families Program.

Strategic Actions:

- i. Build active support and commitment in communities for the Safe Families Program through policy statements on the prevention of child sexual abuse in Aboriginal communities that have bi-partisan agreement for a funding commitment of up to a decade;
- ii. Build active support and commitment in service agencies through a tendering process that contracts NGO's in a staged timeframe with

progression from one stage to the next secured by satisfactory achievement of the contracted objectives of each stage in turn.

Theme 2: Developing and Implementing Interagency Family Case Management Professional Development and Organisational Change Programs.

Strategic Actions:

- i. Conduct refresher and induction sessions for continuing and new agency workers about the history of the Safe Families Program to date and the program logic underpinning RSDM which was expressly developed to address the complex needs of vulnerable Aboriginal families. These sessions must clarify the distinction between case management practices with vulnerable families and those with ROSH families;
- ii. Embed interagency case management professional development programs within an organisational change framework for both government and non-government agencies working with vulnerable Aboriginal families;
- iii. Agencies seeking to work in the Safe Families Program agree to undertake interagency case management professional development prior to involvement;
- iv. Broaden the collaborative interagency approach to family case management of vulnerable Aboriginal families referred to the Safe Families Program to include as many as possible of the other service agencies in each Aboriginal community such that the collaborative interagency approach becomes generally accepted as the best practice model by most, if not all, agencies;

Theme 3: Connecting the Safe Families Program to other Government Funded Collaborative and Interagency Initiatives.

Strategic Action:

- i. Connect the Safe Families Program, as structured by the RSDM, to the other NSW Government initiatives in Aboriginal communities that seek to coordinate the local service agencies' responses to the complex needs of vulnerable families, initiatives such as the Public, Central and High Schools' *Connected Communities Schools* program.

Theme 4: Combating any built-up Negativity in some Aboriginal Communities and amongst some Agencies about the Safe Families Program.

Strategic Action:

- i. Address explicitly any built-up negativity through the strategic actions listed under Themes 1 and 2 arising from the Community-based Consultations of this Evaluation of the RSDM of the Safe Families Program (refer to Chapter 6).

A.7 Regional Consultations: data collection and accounts of the Revised Service Delivery Model by the Regional Aboriginal Child Sexual Assault Group (RACSAG)

The interview-based accounts with the three members of RACSAG gave rise to the following key factors and positively contributing themes:

A.7.1 Key factors associated with the implementation of the RSDM of the Safe Families Program: RACSAG Members’ Perspective

RSDM Component	Positive Contribution	Barrier to Effective Operations	Room for Improvement
RACSAG	NGO’s as Essential Partners with Government Agencies	The Safe Families Program as a Departure in Organisational Practice for the Office of Aboriginal Affairs, NSW	Flexibility Pressures on Government Frontline Workers
	Increasing the Agency of Aboriginal Individuals and Organisations		Professional Development Programs for More Seamless Interagency Responses by Case Management Teams
			RSDM Works but Needs more Gestation Time
			Safe Families and Change Management

A.7.2 Three Positively Contributing RSDM Operational Themes

Theme 1: Safe Families have a Working Model that needs more Gestation Time

Strategic Actions:

- i. Refer to the strategies listed above for Theme 1 arising from the Contracted NGO's perspective (refer to Chapter 8).

Theme 2: Safe Families as a Challenge requiring Organisational Change Management Strategies

Strategic Actions:

- i. Refer to the strategies listed above for Theme 2 (Contracted NGO's perspective, Chapter 8) and Theme 5 (Community-based Consultations, Chapter 6).

Theme 3: Building Strong Partnerships to Sustain Child Sexual Abuse Prevention

Strategic Actions:

- i. Refer to the strategies listed above for Theme 3 (Contracted NGO's perspective, Chapter 8) and Themes 1 and 4 (Community-based Consultations, Chapter 6).
- ii. Continue to build partnerships between government, non-government agencies and local and regional representative Aboriginal associations premised on family health and wellbeing including child protection.

A.8 Positively Contributing Themes and an Enhanced Safe Families Program

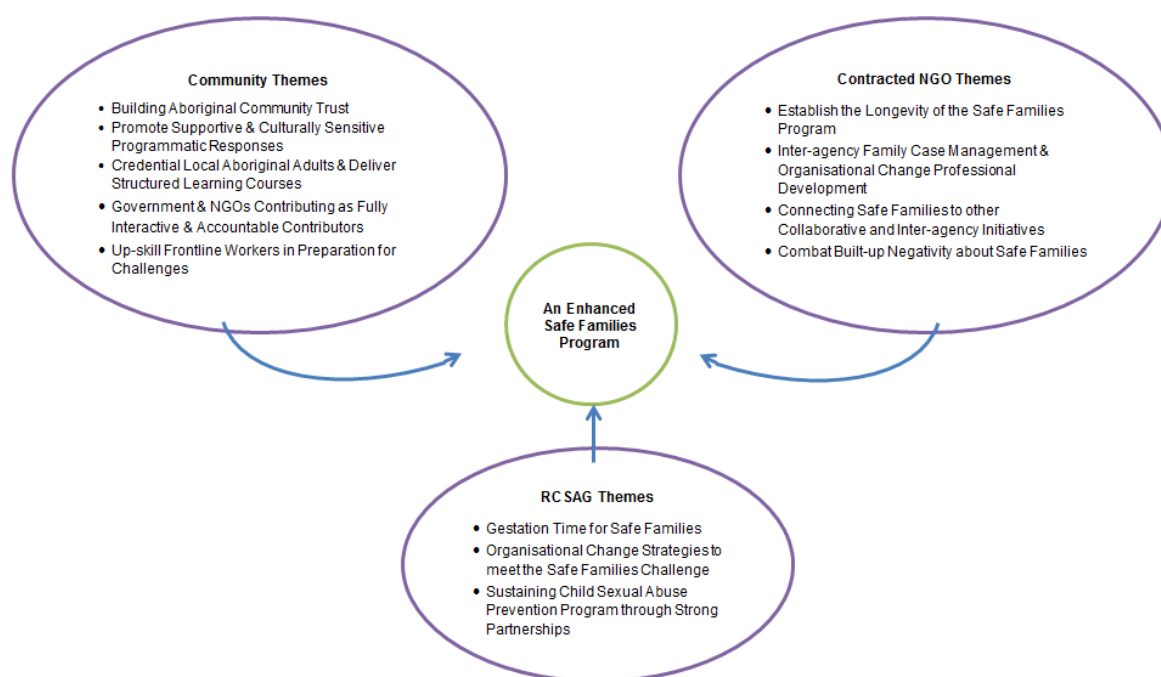


Figure A: Thematic Drivers of a Safe Families Program under an Enhanced RSDM

A.9 Future Prospects for the Continuation of the Safe Families Program under the RSDM Introduction

A structure for the continuation of the Safe Families Program involving its key components is proposed in this evaluation of the RSDM report. This proposed structure has been tentatively termed SF Mk III.

After outlining this structure the report notes:

- that a more customised response to the continuation of the child sexual abuse prevention program is now appropriate;
- that customised response for each community would assess the current climate for sustainable coordinated interagency ways of operating amongst local agencies and the corresponding support for this approach from the representative Aboriginal community organisations;

- given the defraying of costs envisaged under SF Mk III back to the participating agencies, the NSW Government may respond to identified funding gaps in order to maintain the sustainability of this coordinated interagency approach to the prevention of child sexual abuse in Aboriginal communities;
- gap-filling funding from government would need to be informed by the level of NGO contribution for effective administration of coordinated interagency practices in remote Aboriginal communities.

A.10 Recommendations

The recommendations from the Evaluation of the RSDM of the Safe Families Program are grouped under five sub-headings.

A.10.1 A Continuation of an Aboriginal Child Sexual Abuse Prevention Program

Recommendation 1:

That the Aboriginal child sexual abuse prevention program involving the five Aboriginal communities in Western and Far West NSW continues beyond June 2013 supported by NSW government funding available to the related core business of its own agencies and, in addition, made available to address essential shortfalls.

Recommendation 2:

That in order to clearly establish the longevity of the Safe Families Program:

- 2(a) Build active support and commitment in communities for the Safe Families Program through policy statements on the prevention of child sexual abuse in Aboriginal communities that have bi-partisan agreement for a funding commitment of up to a decade;
- 2(b) Build active support and commitment in service agencies through a tendering process that contracts NGO's in a staged timeframe with progression from one stage to the next secured by satisfactory achievement of the contracted objectives of each stage in turn.

Recommendation 3:

That customised responses to the revised RSDM proposal be designed after consultations within each of the five communities. The resulting programs should be

implemented within a rigorous accountability framework that identifies key outcomes and expenditure.

A.10.2 Managing Community Distrust and Building Community Knowledge and Engagement

Recommendation 4:

That in order to build Aboriginal community trust in the motives of the agencies involved in the Child and Young Person Sexual Abuse Prevention Program:

- 4(a) Strengthen Local Aboriginal Reference Groups (LARG's) and support the location of LARG's within a higher-order representative association in the community, for example, the Community Working Party;
- 4(b) Support the establishment of LARG's with a child and young person sexual abuse prevention portfolio of responsibilities within the Community Working Party;
- 4(c) Explore the range of opportunities for Aboriginal community members to contribute to the case management of vulnerable families and, in consultation with the LARG and CCG, pilot agreed-upon actions;
- 4(d) Explore improved ways for government and non-government agencies to engage with established local and regional Aboriginal community groups and to build stronger partnerships premised on family health and wellbeing including child protection.

Recommendation 5:

That in order to expand community members' awareness and knowledge about the prevention of child sexual abuse with the goal of constructive community engagement:

- 5(a) Undertake explicit child and young person sexual abuse prevention messaging to the Aboriginal community including messages highlighting the connection between family violence and sexual abuse;
- 5(b) Where feasible, re-establish a 'Shop Front' open to the community to promote the visibility of the preventative programs.

Recommendation 6:

In order to facilitate Aboriginal community members' engagement with the Safe Families Program:

- 6(c) Address explicitly Aboriginal community concerns about any 'hidden agenda' of the child and young person sexual abuse preventative program and perceptions of discrimination;
- 6(d) Acknowledge the history of child removals from Aboriginal families in the community and elsewhere, and address negative perceptions family members may have about current practices of government agencies in this regard.

Recommendation 7:

That in order for local Aboriginal adults to gain qualifications about family wellbeing and health and for young people to become more informed and aware:

- 7(a) Bring directly into the scope of child and young person sexual abuse preventative programs the promotion and delivery of VET and CAE courses on child development, parenting, family wellbeing and healthy lifestyles;
- 7(b) Support the introduction in the communities' schools of preventative education and awareness raising programs intent on reducing the incidence of child and young person sexual assault.

A.10.3 Improving Interagency Practices with Vulnerable Aboriginal Families

Recommendation 8:

That in order for Government and Non-government Agencies to contribute to servicing the complex needs of vulnerable Aboriginal families as fully interactive and accountable contributors:

- 8(a) Induct all agencies with capacities and services relevant to addressing the complex needs of vulnerable Aboriginal families into a structured case management model that includes planning, clear tasking, monitoring and review;
- 8(b) All agencies undertake case management of vulnerable Aboriginal families report on their service delivery responses to an interagency

coordinating group comprising all government and non-government agencies active in the child and young person sexual abuse prevention program in the community;

- 8(c) Maintain active and dedicated administrative support for the coordination of interagency responses to the prevention of the sexual abuse of children and young people in each Aboriginal community.

Recommendation 9:

That in order to up-skill frontline workers to better prepare them for the specific challenges of servicing the complex needs of vulnerable Aboriginal families:

- 9(a) Provide regular professional development opportunities for all staff of agencies delivering preventative sexual abuse services focused on professional practices contributing to effective interagency case management of vulnerable Aboriginal families;
- 9(b) Provide regular professional development opportunities for all staff of agencies delivering preventative sexual abuse services focused on improved cultural competencies linked to effective interagency case management of vulnerable Aboriginal families.

Recommendation 10:

That in order to upgrade and maintain a skilled and culturally competent workforce responding to the complex needs of vulnerable Aboriginal families:

- 10(a) Conduct refresher and induction sessions for continuing and new agency workers about the history of the Safe Families Program to date and the program logic underpinning RSDM which was expressly developed to address the complex needs of vulnerable Aboriginal families. These sessions must clarify the distinction between case management practices with vulnerable families and those with ROSH families;
- 10(b) Embed interagency case management professional development programs within an organisational change framework for both government and non-government agencies working with vulnerable Aboriginal families;
- 10(c) Agencies seeking to work in the Safe Families Program agree to undertake interagency case management professional development prior to involvement;
- 10(d) Broaden the collaborative interagency approach to family case management of vulnerable Aboriginal families to include as many as possible of the other service agencies in each Aboriginal community such

that the collaborative interagency approach becomes generally accepted as the best practice model by most, if not all, agencies.

A.10.4 Connect the Safe Families Program to other Government-funded Interagency Initiatives

Recommendation 11:

That the Safe Families Program, as structured by the revised RSDM, be explicitly linked to the other NSW Government initiatives in Aboriginal communities that seek to coordinate the local service agencies' responses to the complex needs of vulnerable families, initiatives such as the Public, Central and High Schools' *Connected Communities Schools* program.

A.10.5 Building a Local Workforce

Recommendation 12:

That the shortage of locally based agency staff in Aboriginal communities be addressed as a matter of urgency.

1 Safe Families Program Literature Review

1.1 Introduction

This literature review focuses on policy documents, reports and research relevant to the implementation of the Safe Families Revised Service Delivery Model (RSDM), both prior to the implementation of the revised model and subsequent to its introduction.

The literature on models for working with Aboriginal families and communities, with respect to child sexual abuse in communities, is embedded in a wider body of research and reports pertaining to working with Indigenous communities, both in Australia and overseas, and dealing with issues of family violence within Indigenous communities.

The key themes which consistently emerge to support and inform a framework for the development of programs which effectively support Aboriginal communities to deal with issues of child sexual abuse and family violence come under the broad headings of:

- Development and implementation – working with individuals, families and communities;
- Process – strategies, and interagency approach, leadership, governance and accountability;
- Program – content, staffing, resources.

In general, the most effective strategies are those which take place in a context of cultural sensitivity and reflect the needs of local communities. This is achieved through genuine consultation and two-way communication with families and community members. This finding holds for programs which support Aboriginal people living across a diverse range of situations including remote, regional and urban locations.

1.2 Policy Documents and Reports

A review of major government reports over the past decade brings forth a number of recurring themes – the need to recognise cultural diversity, to build community capacity, to introduce cultural awareness training and the need for agencies to work together (for example, NSW Aboriginal Child Sexual Assault Taskforce 2006, Victorian Indigenous Family Violence Taskforce, 2003;)

The Safe Families strategy was formulated to address a number of key findings that were highlighted in the *Breaking the Silence: Creating the Future* Taskforce Report which was published in 2006. In particular the Report highlighted the need for radical change in the way that child sexual abuse in Aboriginal communities was addressed, highlighting three high-level goals:

- to reduce the incidence of child sexual abuse in Aboriginal communities;
- to reduce disadvantage and dysfunction in Aboriginal communities; and,
- to build up Aboriginal leadership and increase family and community safety and wellbeing.

The Safe Families program comes under the New South Wales *Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities*. This Plan operated from 2007 and 2012, and involved government agencies and non-government organisations working together to address the disadvantage that can underlay child abuse. The Plan focused on the need to significantly improve the quality and efficiency of services delivered to Aboriginal communities in the NSW.

The initial Safe Families program involved a partnership between Aboriginal Affairs NSW, NSW Police, NSW Health and NSW Community Services, and focused on early intervention and support services to vulnerable children and families. The intention was to implement a mix of promotion, prevention and early intervention strategies targeting individuals, families, the wider community and the particular situations in which offenses can occur. This included a range of community development initiatives aimed at building community leadership on the issue of child sexual assault.

Stage 1 of the Safe Families program was evaluated in 2011 by Kristine Battye in her report *Evaluation of Program Initiatives Tackling Child Sexual Assault in Aboriginal Communities*. Battye's evaluation looked at the way in which the program was being implemented at each site, the degree of involvement of community members and service delivery agencies, and a review of baseline operational measures and outcomes.

Although the approach adopted by the initiative was in line with what is recommended in the literature regarding effective practices, Battye (2011) identified a number of problems with the implementation of the Safe Families Program that limited the extent to which it had been rolled out across the five targeted communities. Issues were identified in the areas of resourcing, governance, collaboration, workforce development, cultural sensitivity of providers and access to services. At the time of her evaluation, the Safe

Families Program had only been fully implemented in two of the five targeted communities, Lightning Ridge and Wilcannia.

Battye (2011) found that Stage 1 of the Safe Programs was implemented with:

- Unrealistic timeframes – and subsequently limited community ownership;
- Failure to build a new culture – required to support interagency approaches to services provision;
- Lack of understanding of the role of a lead agency in service delivery – and general role clarification;
- A community perception that the Safe Families Program was a part of Community Services;
- An overarching lead agency (Aboriginal Affairs NSW) with limited experience in program development and management of service delivery.

There was also a lack of data which limited the degree to which a summative analysis of the program could be undertaken. Battye also recommended a review of data collection and evaluation processes.

1.2.1 The Revised Service Delivery Model

In response to the Battye Report, a Revised Service Delivery Model was formulated by NSW Aboriginal Affairs and partners (2011). The key elements in the response to the revised model of delivery for the Safe Families Program included: Case Co-ordination Groups (to manage families); Issues Panels (interagency approach); Local Aboriginal Reference Groups (LARG) and Non-Government Organisations (NGO's), all designed to improve coordination, community capacity and elicit community/local responses. Key areas for change included:

- NGO involvement – increasing service accessibility;
- community involvement - increasing responsibility and capacity;
- impact measurement – gathering evidence of individual, community and whole of program outcomes.

A diagrammatic representation of the Revised Service Delivery Model of the Safe Families Program is included in this Report as Appendix 3.

In a broader examination of the implementation of the NSW Interagency Plan to tackle child sexual assault in Aboriginal communities (2006-2011), under which the Safe Families Program operates, the NSW Ombudsman Bruce Barbour conducted an audit of the implementation of the Plan (2012). The Ombudsman's formal audit response presented a number of findings and recommendations regarding the Plan which included commentary on the Safe Families Program.

Overall, Barbour (2012) described a number of positive outcomes of the Interagency Plan:

- the increasing proportion of Aboriginal children involved in child protection reports for further assessment and substantiated reports;
- Aboriginal children being involved in substantiated reports, and being placed in out-of-home care at an increasing rate including an increase in the number of Aboriginal children in care who are placed with a relative or Aboriginal carer;
- a small increase in the proportion of Aboriginal students completing Year 12 – although the gap is still substantial, and Aboriginal children continue to perform more poorly in all domains, in all grades tested than non-Aboriginal students;
- an increase in child sexual assault charges involving Aboriginal victims over the past six years (whether related to higher rate of incidence, increased propensity or willingness to report, or enhanced detection and prosecution processes).

However, he also identified significant challenges which remain for the Interagency Plan and for the Safe Families Program:

- The need to improve the capture and use of data – including capturing information about key service issues, making better use of existing information services, investing in centralised data systems, ensuring compliance with data recording requirements and capturing data for agency business units;
- Building strong and safe communities – while the language of building community capacity, attempts to implement genuinely including and community driven programs and procedures have fallen short with insufficient support for community leaders;
- Improving staffing capacity in high-need locations – a need to improve rural and remote recruitment and retaining, building a strong Aboriginal workforce and improving the cultural competence of the workforce.

In addition to the above points, the Ombudsman's recommendations including reviewing resourcing and accountability within the JIRT's, facilitating cross-border exchange of information, meeting the demand for counselling and better access to forensic medical examinations for children, improving the criminal justice response to child sexual abuse, providing effective holistic treatment to all children who display sexually abusive behaviours and responding to broader juvenile risk taking, and managing sex offenders in the community. Barbour also acknowledged the importance of addressing

broader issues of the need for economic development in Aboriginal communities along with improved educational outcomes.

With respect to local communities, the importance of developing place-based approaches in communities along with a centralised approach to decision making at the local level was thought to be paramount.

“A number of our reports have noted the impacts of poorly integrated and inefficient service systems operating in local communities, including: the failure to identify and meet the needs of those most vulnerable; the continued funding of NGOs that are failing to provide a good quality service; and the limited return on investment from a number of agency programs. Our work has highlighted that in small, relatively isolated towns, the funding of programs designed to enhance service availability can create multiple and often ‘competing’ programs, reference committees and multi-agency case management groups – often with overlapping objectives and target client groups.”

Barbour, 2012

Finally, the importance of accountability and governance is underlined as core to any future approach with respect to programs addressing Aboriginal child sexual abuse. A number of key recommendations from the Ombudsman’s report identified possible goals or potential KPI’s for agencies and for the management of interagency programs.

1.3 Research Literature

While there is a plethora of policy documents, reports and commentary on Aboriginal child sexual abuse, particularly in the last decade, the research literature regarding the effective development and implementation of strategies and programs to deal with this issue is not vast. There are a number of reasons for this.

The challenge that many programs face in achieving their aims is often compromised by short time frames and lack of resources. In addition, many of these programs are initially focussed on building community relationships and developing community consultation processes; however, genuine relationships can take years to build. It is difficult to measure the achievement of programs, particularly when many outcomes will only be evident in the long term and when funding and staffing are based on short-term cycles (Lohar, 2012).

The review of literature which accompanied Kristine Battye’s Evaluation of Stage 1 of the Safe families report, *Evaluation of Program Initiatives Tackling Child Sexual Assault in Aboriginal Communities* (2011), provided a

comprehensive overview of definitions and theories with respect to child sexual abuse both in the mainstream and specifically within Aboriginal communities. Her review highlighted the importance of incorporating Aboriginal perspectives of child sexual abuse in the context of family violence. The research reviewed here focuses more on the development and implementation processes and evidence of successful approaches.

1.3.1 Barriers to success

The research literature offers a number of reasons for the limited outcomes previously achieved with programs aimed at supporting communities to deal with Aboriginal child sexual abuse.

In her article *Indigenous Family Violence: Pathways Forward* (2010), Indigenous researcher Kylie Cripps highlights the complexities of situations in which family violence occurs in Aboriginal communities and the layers of contributing courses. An understanding of the reasons why child abuse occurs is intrinsic in developing and implementing programs, programs which acknowledge and reflect the complexity of situations in which child abuse occurs.

Experiences of family violence may take place alongside one or more of the following: past history of abuse (child and/or adult); destructive coping behaviours; addictions; health and mental health issues; and low self-esteem and a sense of powerlessness.

Underlying this, Indigenous people and their communities have experienced the following which can exacerbate their current experiences of violence: colonisation policies and practices; dispossession and cultural dislocation; dislocation of families through removal; marginalisation as a minority; unemployment and welfare dependency.

The diagram below from Cripps (2004) illustrates this assemblage of factors impacting on families vulnerable to family violence.

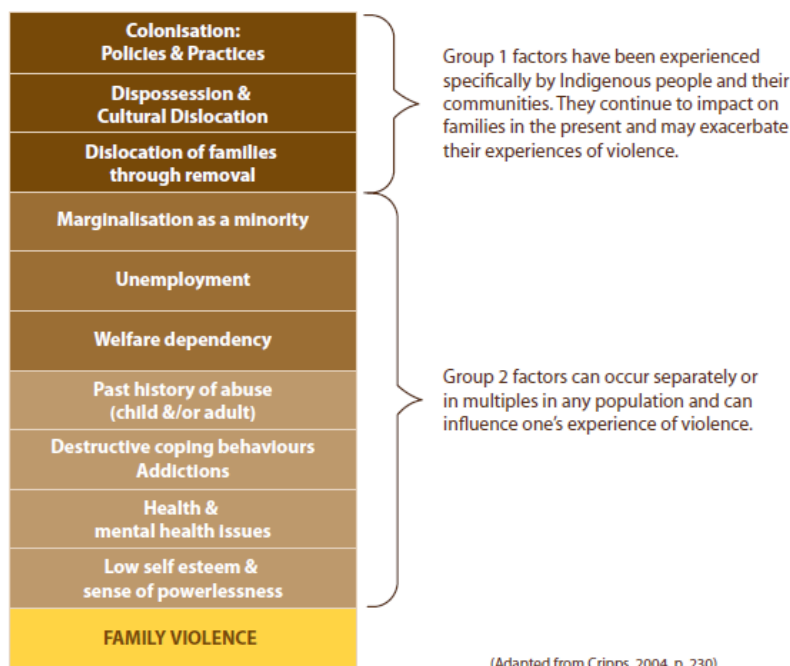


Figure B: Factors contributing to Aboriginal family violence (Cripps, 2010)

In addition to the complex situations in which child sexual abuse occurs, Willis (2011) points to the barriers for reporting and or seeking help from the mainstream community services which are due to a combination of social, cultural, historical and pragmatic reasons.

In addition to barriers that non-Aboriginal people might face, barriers within Aboriginal communities include significant repercussions, particularly in small interconnected and isolated communities, fear of stigmatisation and being ostracised from family and community members, and feelings of shame (which has a particular and significant meaning within Aboriginal cultures). Added to these is fear and distrust of the justice system and other government agencies, partly based on experience and historical factors. Communities are more likely to turn to the health system for help rather than police. They are less likely to seek help if they anticipate a culturally inappropriate response.

Barriers to the successful implementation of policies and programs can also lie within communities with respect to awareness of services or even awareness/acknowledgement of what constitutes abuse. Families may use a 'language of minimisation' to dismiss the violence as a normal part of life, an innocuous happening, in order to protect themselves from unwanted intrusion and to avoid aggravating situations. (Cripps, 2010)

“At every step in the process of reporting, the victim/survivor will also be contemplating the consequences of their decisions. The importance of this process should not be underestimated, or indeed the amount of time it takes. Indigenous communities are small, tight-knit places; inevitably everybody knows everybody else and the flow-on effects from an incident of violence can directly and indirectly affect everyone in the community. Victim/survivors of violence are in a precarious position as they negotiate the choices available to them. Professionals engaged with them should not underestimate the complexity and gravity of their clients’ decisions and should be careful not to judge them without knowing the full circumstances.”

Cripps, 2010, p. 147

1.3.2 Cultural Frameworks and Cultural Competency

Working with Aboriginal communities is embedded in cultural frameworks. The predominant framework that practitioners in the field of child sexual abuse are trained in adopts a Western perspective. However, there are a number of differences between this Western framework and the framework in which Aboriginal family violence occurs and may be viewed by Aboriginal communities.

There is much discussion in the literature of the need for practitioners to be ‘culturally competent’. The importance of this cannot be underestimated. The review of the Northern Territory Mobile Outreach Service (MOS) service model, and its impact on and outcomes for Aboriginal children and young people and their families and communities, states that:

“Cultural competence and respectful engagement in remote communities was considered to be of equal or even greater importance than the provision of specialist counselling and support services. The potential to do harm in community if the service is not culturally safe, and to impact adversely on Aboriginal workers in community and in the MOS Plus service, was highlighted.”

p. 43

Cultural competence has been defined as “a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross cultural situations” (Cross, Bazron, Dennis, & Isaacs, 1989, p. 5). The use of the word ‘competence’ implies something greater than a simple awareness but a capacity associated with effective practice in this regard.

Indigenous researcher Amy Cleland’s work with practitioners in the field of social work found that Aboriginal practitioners had a greater confidence and capacity to function effectively when working with Aboriginal communities, demonstrating the necessary knowledge, values and skills in practice situations thereby moving beyond awareness towards demonstrating

competence. Confidence levels of non-Aboriginal practitioners tended to be more conditional on place, resources and whether they had Aboriginal colleagues or community members working alongside them. Aboriginal professionals and community members play crucial role in building the capacity of non-Aboriginal professionals in terms of cultural competence (Cleland, A., Fredericks, B. & Watson, I., 2012).

1.3.3 Building Safe and Supporting Indigenous Families and Communities

In his audit of research on building safe and supportive families and communities for Indigenous children in Australia, Lohar (2012) audited 22 research and evaluation reports that either directly addressed topics relating to the protection of Indigenous children or provided services to Indigenous people as part of a broader client base. Although many of the evaluations are carried out with limited time and resources, the research does however provide valuable information on the capacity of systems and how they can be strengthened.

Lohar (2012) identifies the following key messages and issues that are identified in the research:

- Longer time-frames than those currently provided are required for programs and services to:
 - build trusting relationships with Indigenous families and community partners;
 - identify client needs and to plan and implement appropriate responses;
 - devise and deliver effective engagement strategies;
 - foster Indigenous cultural understandings for service staff and for the broader community; and
 - develop evaluation strategies that identify longer-term outcomes for Indigenous families.
- Indigenous participation in the planning, delivery and measurement of programs is critical in fostering greater trust and connectivity and enhancing community awareness.
- Engagement strategies work best when Indigenous families are consulted about their needs, and services respond using holistic approaches that are delivered in a culturally sensitive manner.
- A collaborative approach to service delivery has resulted in a reduction of service duplication, more efficient use of resources and the promotion of shared goals. It is unclear whether these benefits will result in positive outcomes for Indigenous families in the longer-term.
- When Indigenous clients exit from programs there is little known about the impact that services have had on their families beyond their engagement with the program.

- Short funding periods and limited resources for programs have restricted the capacity of some services to provide appropriate support to Indigenous families.
- Indigenous perspectives about how child abuse prevention information is shared among the community can help to identify where, when and how child prevention interventions could be delivered.
- Program evaluation data are rarely linked to population-wide data to establish the longer-term impact of programs on Indigenous families and communities. Improved data linkage may help to establish a solid evidence base to inform child protection strategies for Indigenous families and communities.

1.3.4 Engaging communities and building community capacity

There is a general agreement that the most successful programs are those which engage with communities in order to identify local community needs, encourage community leadership and to enable a degree culturally competency.

In reviewing projects associated with the Australian Government funded Stronger Families and Communities Strategy (the Strategy) 2000–2004, Scougall (2008) identified the following factors as enabling and inhibiting the implementation of programs:

- Enabling factors
 - Committed and capable project staff
 - Competent and well-established auspice
 - External project support
 - Partnerships
 - Capacity for action learning
 - The advantages of starting small
 - Balancing the talking with the doing
- Inhibiting factors
 - Unsupportive social environment
 - A complex and ‘wicked’ problem
 - Staffing issues
 - Lack of infrastructure
 - Low levels of participation
 - Peer pressure

Lohar, Price-Robertson and Nair (2013) stress that the welfare of children and families cannot be separated from the health of the community in which they live. This, of course, is true for both Aboriginal communities and the broader community.

Communities with high levels of child abuse may be likely to have a poor sense of community identity and weak support networks, resulting in socially isolated families and vulnerable children. Child welfare programs and practices need to address both the community level factors that impact on children's welfare as well as looking after individual families.

The importance of dealing with structural and community level factors is paramount for both prevention and intervention strategies (which often overlap). However, Lohaor et al (2013) point out that:

“Too often, those working towards the welfare of children are made to lurch from one family-in-crisis to the next, with limited resources or capacity to influence the structural, community-level factors that impact on children’s welfare.”

Lohaor et al, 2013

The dominance of a crisis driven approach limits organisations' capacities to engage in the challenge of developing new and innovative programs that are not 'crisis driven' – organisations need to be able to attend to crises but there also needs to be time devoted to engage with the community and develop the community's capacity to address community needs.

Drawing on research evidence and the documented knowledge and experience of service delivery practitioners, Stewart, Lohaor and Higgins (2011) stress the importance of a coordinated approach to service delivery for Indigenous families both for the efficient use of resources and for improved working relationships. Evaluations suggest that effectively coordinated service delivery will:

- focus on outcomes;
- be culturally appropriate (build cultural awareness and have systems to support in culturally appropriate ways – flexibility at a service level (for example in *Recognised Entities* in Queensland), to provide cultural advice (*Communities for Children* program), employment and utilisation of Indigenous staff (Flaxman 2009);
- invest time and resources into community consultations;
- apply a strengths-based approach – i.e. understanding and working from a community's strengths; and
- support Indigenous and non-Indigenous staff (acknowledging advantages of local and cultural knowledge and connections).

1.3.5 Working with Aboriginal families

Working with Aboriginal families can be a complex task for practitioners. There are many challenges faced by Aboriginal communities which may include poverty, unemployment, substance abuse, family violence, health issues, lack of education, as well as the legacy of forced removal and cultural assimilation.

In acknowledging the complexity of these situations, Price-Robertson and McDonald (2011) draw on a range of examples to summarise the main methods that child and family services can use to effectively support Indigenous families and communities, which include:

- working with (rather than working “on”) Indigenous communities;
- ensuring that services is culturally competent;
- focusing on attracting and retaining the right staff;
- cultivating networks and relationships; and
- adopting an action research approach.

There is general agreement in the literature that cross agency collaboration is desirable on a number of levels. These include a centralised data base, consolidation of resources and sharing of information. While centralisation of services is important, there continues to be a need for a range of ‘entry points’ points to services so as to increase community access to and engagement with services.

The importance of an interagency approach cannot be underestimated, and the role of the health system is fundamental in this respect in supporting the social and emotional wellbeing of Aboriginal communities in the long term. A comprehensive and holistic approach staffed by well-trained and culturally competent professionals is supported by the research literature.

1.3.6 Accountability and program outcomes

An on-going concern in the literature is a general lack of knowledge about how effective programs are at responding to family violence and child sexual assault. Too often programs are implemented with a minimal investment in evaluation (Calma, 2008).

While accountability and governance concerns are important, the research literature highlights the fact that if effective strategies and programs are to be identified then there needs to be realistic identification of the processes and procedures that will identify effective programs, alongside the anticipated

outcomes. Assessments of 'effectiveness' are intrinsic to both process and outcome.

"From the outset, it is advisable that service providers recalibrate their expectations around timing and achievement. Achieving and supporting positive change in Indigenous communities unfolds slowly, at a much more leisurely rate than happens elsewhere, and necessitates a long-term commitment from service providers. Because of the slowness of change in these communities and the failure to recognise this, there has been a history of prematurely terminated programs and failed expectations. An essential part of any successful community program is having local people support and become active participants in the change process. This requires, in many cases, that people alienate themselves from the normal activities of the community, align themselves with outsiders, and be isolated accordingly by their own family members. When a program is prematurely terminated and its service providers geographically remove themselves, those who supported the initiative are left to face ridicule and torment for being so trusting. There are many community members who identify as casualties and who actively dissuade their family members from participating in any further programs. "

Atkinson et al, 2010 p 140

1.4 Conclusion

This review of policy documents, reports and research relevant to the implementation of the Safe Families Revised Service Delivery Model (RSDM) provides a sobering backdrop to the current evaluation of the RSDM. The issues and themes identified in this review of Aboriginal child sexual abuse programs and research will be returned to in the concluding chapter of this Evaluation Report.

2 Safe Families Program Progress Reporting 2011-2013: Document Review

2.1 Documents Reviewed

Documents were requested from Aboriginal Affairs NSW that included submitted reports from the Safe Families Program agencies. The reports received contained variable amounts of information regarding what the key outcomes for each agency were, the key activities of each agency and the outcomes of each agency within the Safe Families Program.

The reports provided generally covered a six month period between July, 2012 to the end of December, 2012. The adequacy of these reports, with limited information covering a small observation period across different sites each with differing levels of program implementation, is questionable for the purpose of program evaluation.

An additional summary report across agencies was also provided covering the period July 2011 to June 2012. This report covered activities from Health, Bourke JIRT, Community Services and Aboriginal Affairs and in some cases incorporate the activities of NGO's.

2.2 Features of the Reports from July 2011 to June 2012

The summary report for the July, 2011 to June, 2012 period details that the new governance arrangements of the RSDM were implemented. There was variability across the sites in developing the appropriate working arrangements required in the Revised Service Delivery Model (RSDM). There were some difficulties in getting the communities to engage with some elements of the Program under the new Model. One area presenting as a barrier to the success of the Program was a perceived lack of commitment from the NSW Government.

“There was a delay in the formal approval by the government to proceed which had a wind up effect on the program within the communities, together with the finalisation of employment contracts of the Community Engagement Officers effective 30 June 2012.”

Other factors that may have contributed to low referral rates during this period include the way in which CCG's dealt with confidential information and the information shared.

“Confidentiality is a huge issue within the CCG that has impacted on participants' reluctance to discuss families openly in the meeting.”

The area of Health is reported as being active across four communities, Brewarrina, Bourke, Lightning Ridge and Walgett, in a community education role and in developing links with non-government agencies working with these communities. Health personnel have been using a system that categorises families based on the level of care required and the appropriate health response measures to take. This appears as a useful system to monitor the number and degree of cases requiring services and to manage the services offered. The majority of cases have been classified as Family Types 2 and 3, see Figure 2 below. No mention of activities in Wilcannia were found in this section of the Health activity report, given that Wilcannia during the life of the RSDM has been located in a different Local Health District; that is, the Far West Local Health District. No reports from this Health District were made available for the evaluation.

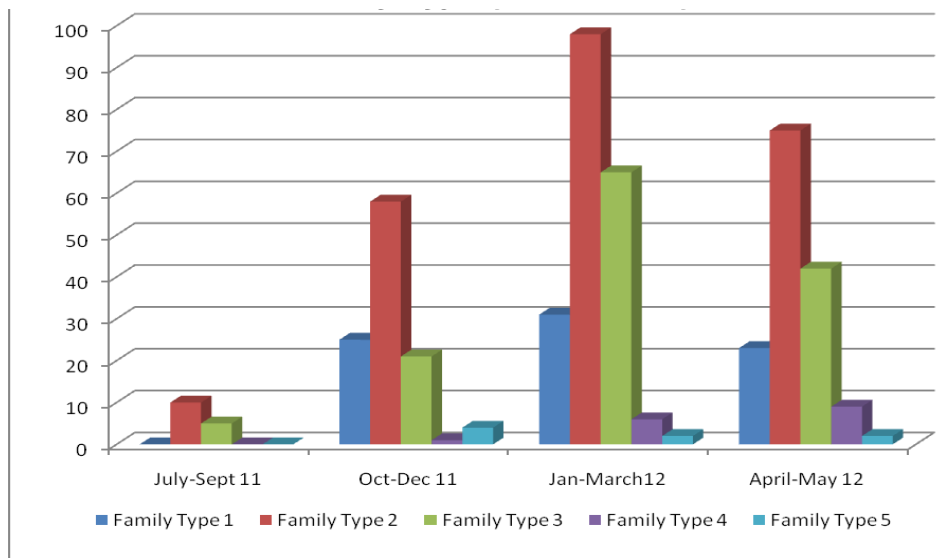


Figure C: Number of clients by Family Type

The reported activity of the Bourke JIRT for the July 2011 to June 2012 period is restricted to case numbers. Some breakdowns of the number of cases are provided showing approximately 90 percent of case referrals are of a sexual nature and approximately 80 percent of cases involve Aboriginal Australians.

Aboriginal Affairs reported that the revised governance structure associated with the introduction of the RSDM had been implemented during the July 2011 to June 2012 period. The number of case referrals to the CCG's had been disappointingly low with 21 in total, of which 18 were from Bourke. This result lends support to the idea that operations in Bourke have been running better than at some other sites.

Community Services reports for the July 2011 to June 2012 period highlights problems with non-attendance of meetings by government agencies.

Issues of confidentiality and information sharing were identified as contributing to a lack of confidence in the CCG's and a factor in the low referral rates for the period. Confidence in the program was also eroded by the uncertain funding arrangements for the future of the Safe Families Program.

2.3 Features of the Reports from July 2012 to December 2012

2.3.1 Reports from Aboriginal Affairs

Documents supplied were for the 2 quarters from July 2012 to December 2012.

LARG Establishment and Number of Members

Each community had a LARG established. The number of LARG members ranged from 2 to 6. The LARG's with the smallest memberships were Wilcannia (2) and Bourke (3), the remainder had 6 members each.

Memberships of the LARG's as reported in the subsequent quarter, October 2012 to December 2012, showed no change.

Community Developed Prevention Plans.

As of the end of the December 2012 reporting period, only Lightning Ridge had completed their prevention plan. The remaining communities had reported that their prevention plans were either endorsed by the Community Working Party (Walgett), waiting to be endorsed by the Community Working Party (Bourke and Brewarrina) or were at the initial draft stage (Wilcannia). For the communities that did not have their prevention plan in place, their plans were reported as more developed than in the previous quarter, indicating that some progress had been made.

Implementation of Prevention plans

The Lightning Ridge community were reported as having conducted a number of activities as a result of implementing their plan.

Progress in the implementation of Prevention plans was reported for all sites with the exception of Wilcannia.

The Lightning Ridge site has been reported as the site with the most advanced Prevention Plan. The plan was in place together with subsequent

activities being implemented. The Wilcannia site was reported as being least developed in this area, with only a draft initial plan.

Meeting Attendance

Aboriginal Affairs attended 14 of the 16 Issues Panel meetings over the July to December period. All RACSAG meetings were attended by Aboriginal Affairs over this period.

All completed IP submissions for brokerage funds that had been received were reported as being processed within 2 working days.

2.3.2 Community Services JIRT – Quarterly Performance Reports

Over the two quarters from July 2012 to December 2012, the Bourke JIRT received 40 reports. Of these reports approximately 75 percent were in relation to sexual harm of Aboriginal children.

Participation in Issues Panel Meetings

The participation of Community Services JIRT's in the IP meetings has changed over the reporting period. Initially there was no representation at the IP meetings.

It was reported that, *“Due to the Non-ROSH natures of the cases discussed by the IP's a decision was made at the time that JIRT would not be represented on the IP's”*.

Subsequently it was reported that *“Community Services JIRT's involvement in the IP meetings would enhance the clientele/community outcomes that are the objectives of the IP's”*.

By the end of the last quarter it is reported that a communication channel has been established where by the JIRT's can be kept informed of IP business. The Community Services JIRT now plan to attend some meetings and participate in some of the IP's community engagement activities.

2.3.3 Bourke JIRT – Police report

The police reports for the July 2012 to December 2012 period include the number of cases in terms of accepted jobs, rejected jobs, ATSI victims and charged cases currently before the Court.

Results are available for the two quarters from July 2012 to December 2012. The table below contains the detail of the information supplied.

Table 2.1: Bourke JIRT Police Reported Activity July 2012 – December 2012

Police	Accepted Jobs	Rejected Jobs	Charged before the Court	ATSI Victims
1st Quarter	7	1	1	6
2nd Quarter	12	3	1	8

The number of accepted jobs (19) across the two quarters appears close to what would be expected based on the annual average over the preceding three years of 41 cases.

Western NSW Local Health District Reports

Over the reporting period July 2012 to December 2012 a number of community based activities have run across the Lightning Ridge, Walgett, Brewarrina and Bourke sites. (As no reports available from the Far West Local Health District, it is not possible to comment on similar activities in Wilcannia).

It was reported staff were working with staff from other agencies and actively participating in relevant Sexual Assault forums.

During the first quarter 63 counselling services were provided in relation to child sexual assault referrals. These services were applied to existing clients and five new clients during the reporting period. During the September to December quarter and additional five new Aboriginal clients were referred.

Planning was made for additional resources to be available and promoted amongst the Lightning Ridge, Walgett and Bourke communities.

An additional staff member (sexual assault counsellor) was appointed to start in the third quarter.

Refresher training for staff with the Bourke 24 hour crisis medical and counselling service was planned for the third quarter.

Participation in monthly IP and CCG meetings has occurred irregularly with attendance mostly at Walgett, Brewarrina and Lightning Ridge. Some meetings in Bourke were attended. No CCG meetings were attended in the September to December quarter.

Of the RACSAG meetings all but the December meeting were attended by Health.

2.4 Non-Government Organisations

The NGO's quarterly reports from July 2012 to March 2013 are a quantification of the number of case referrals, case closures/withdrawals and

active families within each site. The results from these reports have been interpreted by Aboriginal Affairs and the subsequent results supplied for this evaluation.

The number of new referrals at each site by each of the three quarters is shown in the graph below. Both the Lightning Ridge site and Brewarrina site received zero referrals in each of the three quarters. Wilcannia received the highest total (14) new referrals over this period. These results do not include withdrawn/closed cases or any active family cases.

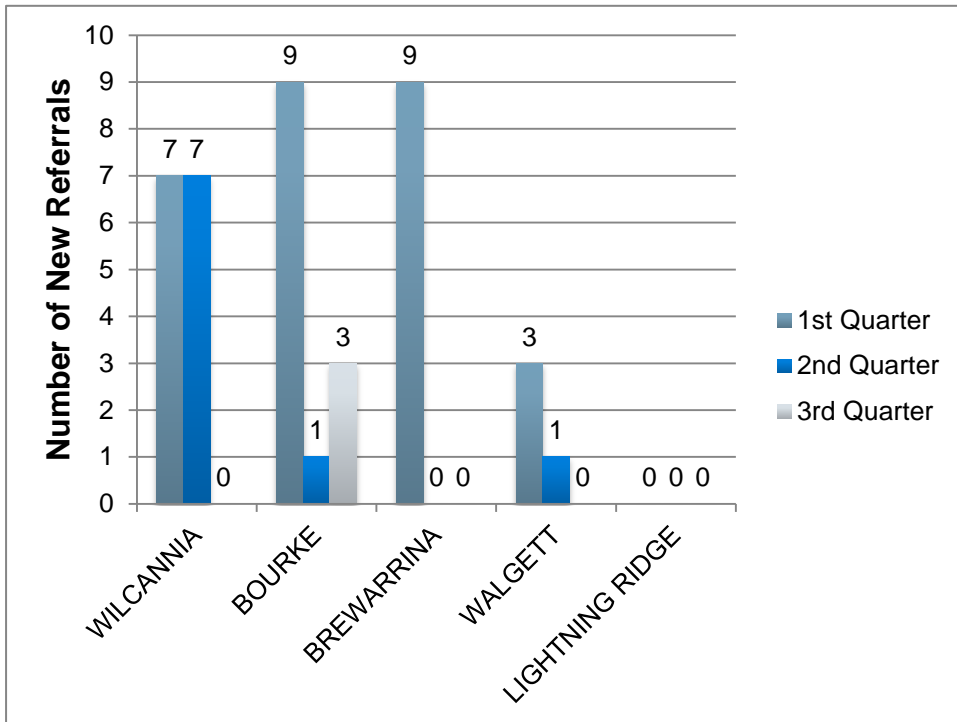


Figure D: Number of New Family Referrals by Community July 2012 - March 2013

The number of active families managed at each site during each of the three quarters is a reflection of new cases together with continuing cases. Cases that were Withdrawn or Closed are not included. The number of active families is shown in the graph below.

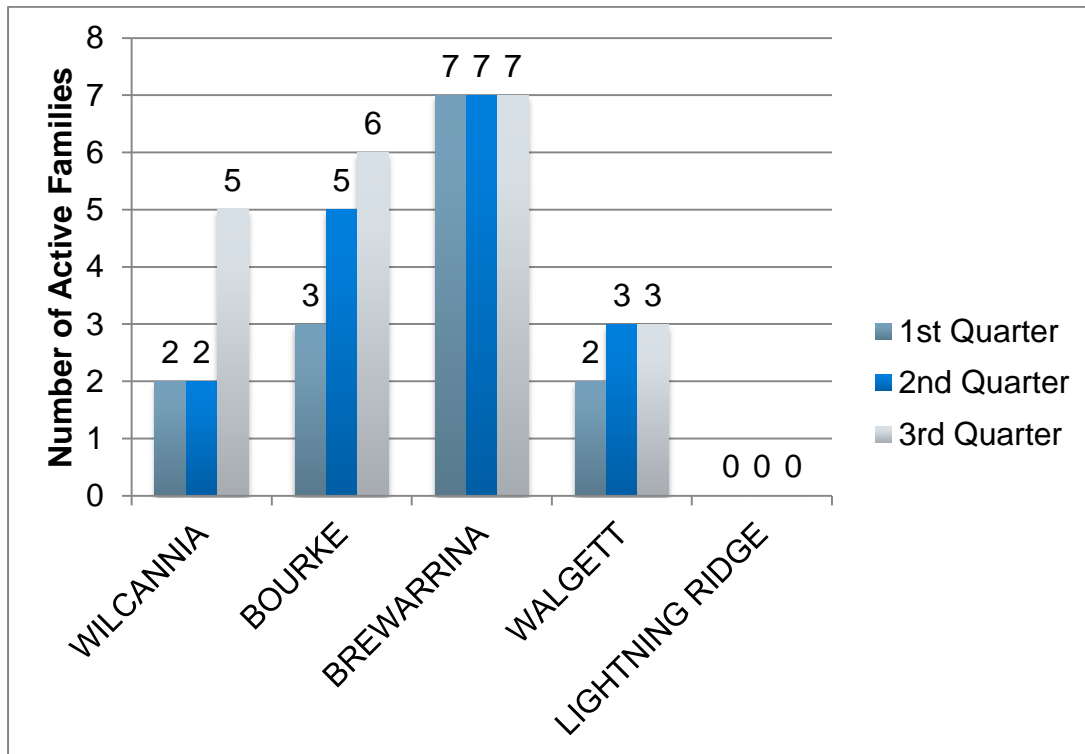


Figure E: Number of Active Family Referrals by Community July 2012 - March 2013

There were seven active families for Brewarrina in each of the three quarters. Given that no new referrals were recorded during the second or third quarter it is likely that these active families are the same cases and were active families prior to the 2nd Quarter. The number of active families in any single reporting quarter is a function of the number of pre-existing families, plus the number of new referrals from the previous reporting period that convert to the active families category, less the number of withdrawn/closed families. The results for Lightning Ridge; with zero referrals and zero active families; are a possible point of interest.

2.5 Conclusion

The use of these reports to evaluate the effectiveness of the Revised Service Delivery Model is restricted to the type of information included in them. The outcomes of the Safe Families Program and the way in which those outcomes have been achieved are important for identifying effective strategies.

To monitor the effectiveness of this Program or other programs with similar structures it is recommended that reporting be focused on the aims, outcomes, and functions of each group. The information supplied should also detail some evidence and quantify where appropriate. In developing a reporting framework for coordinated service delivery models the elements that bring success to those models also need to be monitored. These elements include:

- focusing on outcomes;
- being culturally appropriate by building cultural awareness and having systems that support flexibility at a service level, provide cultural advice, employment and employ Aboriginal staff;
- invest time and resources into community consultations;
- apply a strengths-based approach; that is, understanding and working from a community's strengths;
- support local Aboriginal and non-Aboriginal staff by acknowledging the advantages of local cultural knowledge and connections.

The reviewed documents describe that progress has been made in all sites in the establishment of key outcomes such as the development and implementation of community based prevention plans. The coordination between agencies through attendance at meetings shows some evidence of strain, with non-attendance commonly reported. Variation in the outcomes achieved at different sites suggests that there is the potential to identify some strategies that are more successful than others. It also suggests that effective barriers could also be identified.

3 Survey of Participants in the Operations of the Revised Service Delivery Model

3.1 Introduction

A survey was developed as part of the methodology of this Evaluation of the Revised Service Delivery Model (RSDM) of the Safe Families Program. The survey questions focused on the efficacy of the Model as experienced by informants through the various components of the Model; that is, the Local Aboriginal Reference Group (LARG), the Case Coordination Group (CCG) and the Issues Panel (IP). The survey also included questions seeking opinions on the possibilities for a continuation of the RSDM into the future after June 2013 when current government funding for the Safe Families Program ceases.

The survey was developed as an anonymous web-based instrument using LimeSurvey software. The Dubbo Office of Aboriginal Affairs NSW provided the contact details of potential informants.

The Safe Families Program Survey was launched on 24 April 2013. On the same day 148 people were invited by email to complete the survey. Reminders were emailed to these potential respondents on two occasions over the next two weeks. The analysis of the survey results was commenced on 11 May 2013 allowing only 13 working days for people to respond.

3.2 The Respondents

A total of 51 people responded to the survey. This represents, at face value, a response rate of 34.5 percent. But as there were no compulsory items in the survey apart from three background identification items, the response rates for items varied. Respondents were asked to complete the same items for each of the communities with which they were associated. This convention was relaxed in the final section of the survey where responses were sought on the general matter of the future of the Safe Families Program.

These background information items asked respondents to identify their agency group affiliation, the community (Safe Families Program site) they were associated with and the RSDM Group (IP, CCG, LARG, other) in which they were active members.

3.2.1 Respondents' Agency Affiliations

The agency affiliation of the survey respondents is included in Table 3.1 below.

Table 3.1: Respondents' agency affiliations

Agency	No.
Aboriginal Affairs	2
Health	7
Community Services	5
Education	4
Ageing, Disability & Home Care	1
Juvenile Justice	2
Aboriginal Medical Service	1
Mission Australia	5
Centacare	2
MediCare Local	2
Uniting Care	2
Community Safe House	1
Not completed or Not displayed	8
Other	9
NGO	
Yawarra Meamei Women's Group Inc.	
Family Violence Legal Service	
Legal Service	
Mental Health	
Chair LARG References Group	
Total Number of Respondents	51

3.2.2 Respondents' Community Associations (Safe Families Program sites in which respondents worked)

The Community/site affiliations of the survey respondents is included in Table 3.2 below.

Table 3.2: Respondents' community associations

Community	No.
Bourke	18
Brewarrina	17
Lightning Ridge	14
Walgett	14
Wilcannia	15
Total Number of Respondents	78

Note: the greater total for the number of respondents in Table 3.2 than in Table 3.1 is a reflection of the fact that some respondents worked with more than one community.

3.2.3 Safe Families Program Group in which Respondents were Active Members

The active group membership of the survey respondents is included in Table 3.3 below.

Table 3.3: Respondents' group memberships

Safe Families Program Group	No.
Case Coordination Group (CCG)	31
Issues Panel (IP)	31
Local Aboriginal Reference Groups (LARG)	6
Other	4
Attend when possible	
I can't attend 10 meetings per month - but I do get copies of minutes & reply when appropriate to do so	
early childhood	
support through another service	
Total Number of Respondents	72

Note: the different total for the number of respondents in Table 3.3 to those in Tables 3.1 and 3.2 is a reflection of the fact that most respondents worked across more than one Group.

3.3 The Survey

Respondents were asked to consider items listed under the following sections:

1. Community Engagement and Education;
2. Family Referral and Case Coordination;
3. Interagency Arrangements;
4. Engagement of Communities in the Prevention and Planning to address Child Sexual Assault; and
5. Future Arrangements.

The Interagency Arrangements section of the survey consisted of items grouped into four sets. These sets contained items relevant to:

- Collaboration and Representation;
- Delivery of Services through an Interagency Model;
- Staffing and Community; and
- Workforce Development.

The items included in the first three sections of the survey were introduced to respondents by a 'stem question'. Respondents were then asked to choose an appropriate response for each item using a four point Likert scale:

Strongly Agree	Agree	Disagree	Strongly Disagree
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In the third section, all except one item used the same Likert scale. The one exceptions required short written responses. In the fourth section, all except two item used the same Likert scale. The two exceptions required short written responses.

In the final Future Arrangements section, three items used different Likert style responses. These items were followed by a further three items requiring short written responses. The Likert scales for this section were:

Very Important	Important	Somewhat Important	Not Important
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Strongly Agree	Agree	Disagree	Strongly Disagree
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Very Good Chance	Some Change	Very Little Chance	No Chance
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Respondents were able to complete survey by responding to items grouped according to which of the five communities with which they worked.

The analyses of the responses to the survey items are included in this Evaluation Report in this chapter in summary and in Appendices 1 and 2 in item-by-item detail.

3.4 Analysis of Survey Likert Style Responses

The results for each of the items in the survey that were constructed to elicit a Likert style responses have been summarised and reported in the form of a mean score together with a 95 percent confidence interval. The response options for these items were Strongly Disagree, Disagree, Agree and Strongly Agree. These response options have been scored as ordered categories from zero to three respectively. The mean of the scored responses has been plotted using a bar graph. The variation in responses and the precision of the mean has been captured in the form of a 95 percent confidence interval. Results with a large confidence interval indicate a wider range of observed responses compared to results with smaller confidence intervals. Where there is no confidence interval it indicates that there was complete agreement with the response option chosen.

The items regarding future arrangements were not separated by site and have been reported on in the form of bar charts showing the frequency of responses for each item separately.

In general, the nature of the sample that responded to the survey items is from a hierarchical structure with respondents nested within community sites. The sample sizes are very small and comparisons in results are not made with a view to determine statistically significant differences. The patterns in the survey results are intended to be used as a triangulation with the outcomes from the observations made in the field consultations included from Chapter 5 in this Report. Some of the differences in the results in the survey items are possibly due to differences in the standard of judgements made by respondents at the different sites rather than the standard of operation at those sites. The likelihood of this being a major influence on the results is low as many of the respondents were linked to multiple sites.

3.5 Analysis of the Short Written Responses

In addition the Likert scaled items included in the Safe Families Program survey, seven items requiring short answer responses were included. These items were:

1. Please identify up to three areas in which you would like to receive training for your role in the Safe Families program.
2. Can you list the services delivered to case managed families in the (name inserted) community.
3. Can you list the services available to case managed families in the (name inserted) community.
4. What are the main features of the current Safe Families program that you would want to see continue into the future? Please include supporting reasons.
5. Can you identify some of the most positive aspects of the Safe Families program?
6. Can you identify the factors that have supported success in the program
7. Can you identify the barriers to the successful implementation of the program?

Item 1 concluded the Workforce Development section of the survey. Items 2 and 3 followed the Community Participation section and items 5, 6 and 7 followed the Future Arrangements section at the conclusion the survey. The responses to these seven items are scrutinised for repeated and consistent themes.

3.6 Analysed Survey Results: Likert Scaled Items

The analysed survey results for the Likert scaled items are presented in graphical form. Each graph depicts the mean of respondents' judgements for its relevant survey item as the item pertains to the community in which they worked. Thus, each graph consists of five bars, each bar representing the mean for judgements on the item in question for one of the five communities. Also depicted are the 95 percent confidence intervals for each mean. Following each graph is a brief commentary on the pattern of means displayed in the graph.

These graphs and commentary can be viewed in Appendix 2.

An overview commentary was developed for each set of survey items along with a 'summary' graph. The 'summary' graph depicts the overall average of the means for each community across the full set of items. These averaged mean results provide a summary based on multiple items and only reflect the judgements of respondents who attempted the majority of items in each relevant set of survey items. This convention produces averaged means as composite summary variables. These overviews, as summaries of the responses for the Likert scaled items in each section of the survey are included below.

3.6.1 Community Engagement and Education Elements of the Safe Families Program

The overview commentary concluding this section relates to both community engagement and education elements of the Safe Families Program.

3.6.1.1 Community Engagement and Education Overview

The overall pattern of responses on the twelve items interrogating the community engagement and education activities associated with the Issues Panels and LARG's of the RSDM is concerning. Taking the graphed means across the twelve items, one community on only one item reaches a mean of 2.0, which, on the Likert scale used in the survey, equates to the 'Agree' response. This community is Lightning Ridge and the item is '*Plans for community education have been developed jointly with the Issues Panel and the LARG*'. While no item is rated with a mean at or below 1 (equivalent to the Disagree response), the survey results for Wilcannia get close to this mean for two items. These lowest rated items are both related the joint development of community engagement and education plans by the Wilcannia Issues Panel and LARG. These observations aside, the majority of

means for the ratings on the twelve items clustered around 1.5; that is, between ‘Disagree’ and ‘Agree’.

If an average rating of 1.5 is taken a benchmark for judgements on the effectiveness of community engagement and education activities under the RSDM of the Safe Families Program then two communities consistently fall below this benchmark. These communities are Brewarrina and Wilcannia. Wilcannia fell below this benchmark of 1.5 on eleven of the items scoring just above 1.5 on the item ‘*There are adequate opportunities available for the community to improve their education*’. Brewarrina fell below the 1.5 benchmark on seven of the criteria. Walgett fell below this benchmark on one criterion, ‘*The community is engaged in activities that develop awareness*’.

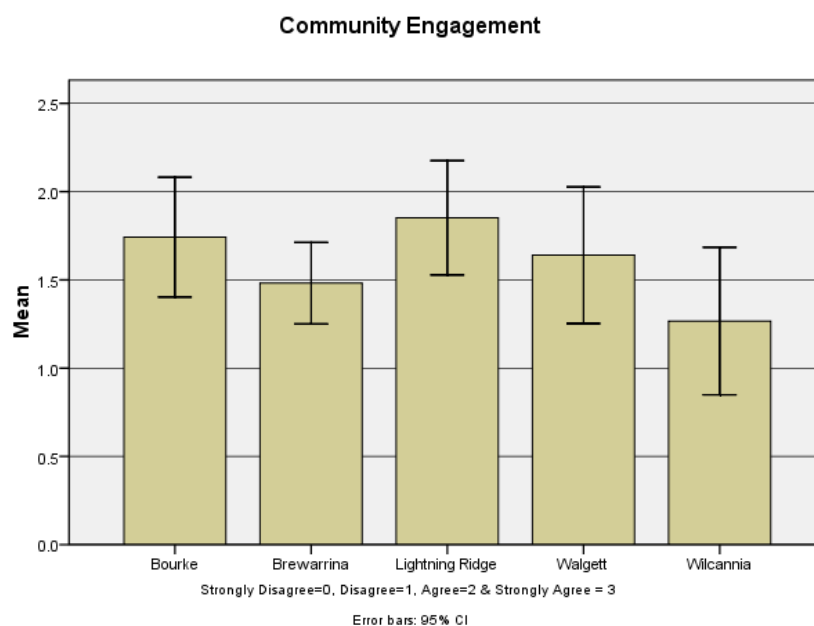
Respondents consistently judged Bourke and Lightning Ridge at levels above the 1.5 benchmark for all twelve community engagement and education criteria.

By way of summarising the analysed survey data for the community engagement and community education items an overall average response from across the five community engagement items has been calculated. The same calculation has been carried out for the seven community education items.

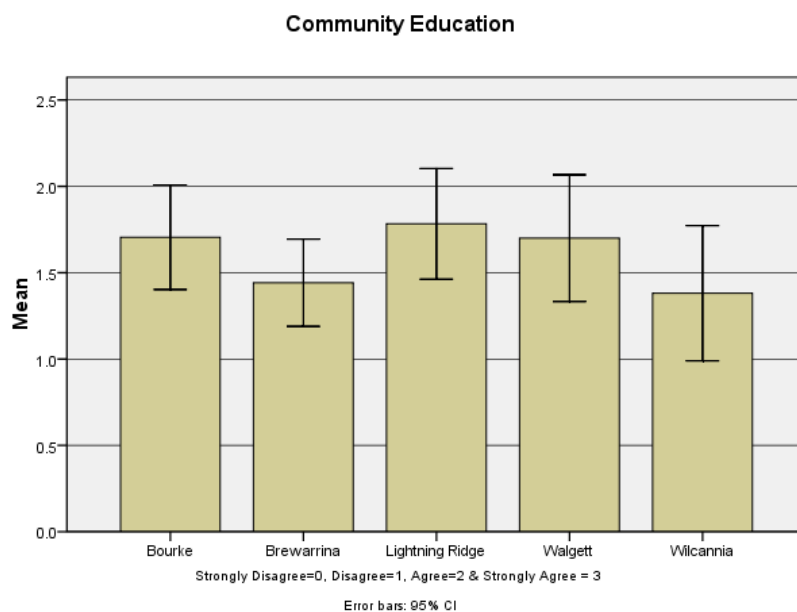
Table 3.4: Survey Response Numbers included in the calculation of Summary Averages (Composite Variables) for Community Engagement and Education

	Bourke	Brewarrina	Lightning Ridge	Walgett	Wilcannia
Community Engagement	13	13	9	10	9
Community Education	13	13	8	10	9

These summary averages are represented graphically below.



‘Community Engagement’ is represented in the above graph as the average response across the five engagement items for each community.



‘Community Education’ is represented in the above graph as the average response across the seven engagement items for each community.

The two summary graphs emphasise the generally negative picture that emerges from the responses to the community engagement and education criteria in the survey. The levels of negativity for each community are similar for ‘Community Engagement’ and ‘Community Education’ with Brewarrina and Wilcannia having the lowest summary averages for both dimensions.

3.6.2 Family Referral and Case Coordination Elements of the Safe Families Program: Organisational Operations

3.6.2.1 Overview

The overall pattern of responses on the nine criteria interrogating the 'Organisational Operations' of the CCG's associated with family referrals and case coordination is more positive than the corresponding patterns for community engagement and education. Taking the graphed means across the nine criteria, a mean of 2 or above is reached by Bourke CCG on four of the nine criteria, by Lightning Ridge CCG and by Wilcannia CCG on three criteria, by Walgett CCG on two criteria and by Brewarrina on one criterion. The results for the Lightning Ridge CCG carry the caveat that there has been, under the RSDM, no family referrals to that CCG.

Conversely, Brewarrina and Wilcannia CCG's received the lowest mean ratings; that is, ratings below 1.5. Wilcannia CCG received six such ratings while Brewarrina CCG received three. For a further two criteria on CCG organisational efficiency, Brewarrina CCG scored a mean rating just above 1.5. The common lowest rating criteria for these two CCG's were the three CCG decision-making items (family referrals, integrated case management and strategic planning), valuing input to CCG discussions item and the people in different agencies working together effectively item. Wilcannia CCG received a 'below 1.5' mean rating for the item on sharing recorded information between agencies. Brewarrina and Walgett CCG's although being rated above 1.5 on this latter item were not very far ahead of Wilcannia.

These above observations aside, the majority of means for the ratings on the nine criteria for effective CCG organisational operations are clustered around 1.75; that is, just below an 'Agree' value of 2.

If an average rating of 1.75 is taken a benchmark for judgements on the effectiveness of CCG operations under the RSDM of the Safe Families Program then two CCG's are consistently rated above this benchmark. These are the CCG's at Bourke and Lightning Ridge. One CCG, Walgett, rates close to the benchmark while the CCG's at Brewarrina and Wilcannia are rated below this benchmark. Departures from this pattern are the means Wilcannia CCG recorded for:

- *I am clear on my role in providing services through the Case Coordination Group.*
- *I work well with people within my agency.*
- *I work well with people in other agencies.*

And the means Brewarrina CCG for:

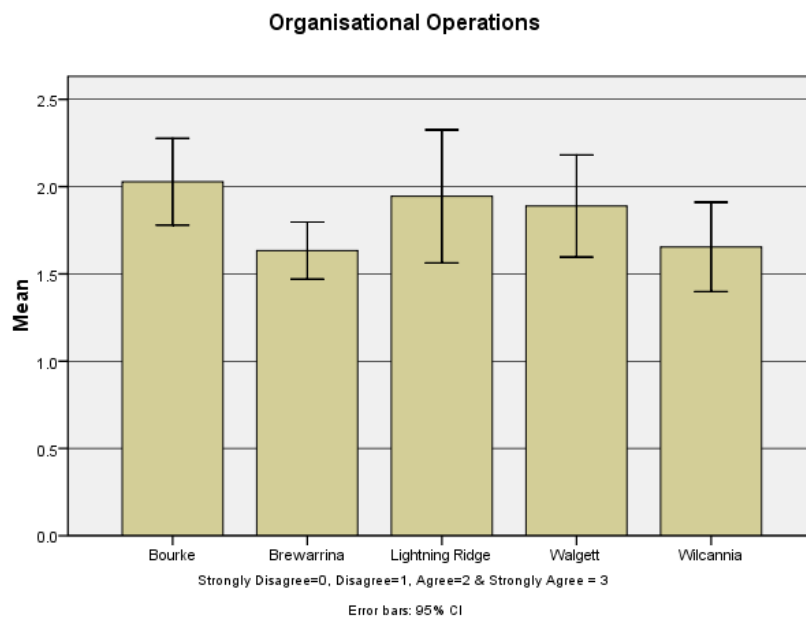
- *I work well with people within my agency.*
- *I work well with people in other agencies.*

These departures are puzzling given the overall negativity associated with the organisational operations of the Brewarrina and Wilcannia CCG’s as perceived by participant respondents.

By way of summarising the analysed survey data for the CCG organisational operations items, an overall average response from across the nine family referral and case management items has been calculated. These summary averages are represented graphically below with their 95 percent confidence levels.

Table 3.5: Survey Response Numbers included in the calculation of Summary Averages (Composite Variables) for Organisational Operations

	Bourke	Brewarrina	Lightning Ridge	Walgett	Wilcannia
Organisational Operations	12	10	6	8	9



‘Organisational Operations’ is represented in the above graph as the average response across the nine family referral and case coordination survey items for each of the five communities.

The summary ‘Organisational Operations’ graph emphasises the disparity between the operational efficacy of the Bourke and Walgett CCG’s on the one hand and that of the Brewarrina and Wilcannia CCG’s on the other. The result for the Lightning Ridge CCG is clouded by the fact that this CCG has received no family referrals and therefore has not undertaken any family case

management during the period of the RSDM implementation. The evaluators are inclined to disregard this result.

3.6.3 Interagency Arrangements as an Element of the Safe Families Program

The survey items included in the Interagency Arrangements section of the survey were listed in groups under four sub-headings. These sub-headings were:

- Collaboration and Representation;
- Delivery of services through the interagency model;
- Staffing and Community; and
- Workforce Development.

The items listed under these sub-headings allowed for a more detailed interrogation of the actual interagency practices in the five communities associated with the Safe Families Program.

3.6.3.1 Collaboration and Representation Overview

The analysed responses for the 'Collaboration and Representation' aspect of Interagency Arrangements under the RSDM show a complex picture. Three communities received means at or above 2, "Agree", in this set of items: Bourke on six items, Lightning Ridge and Walgett on 4. Conversely, three communities received means clustered just above and below 1, "Disagree", in this set of items: Wilcannia on eight items, Brewarrina and Walgett on 3. The greatest disparity on the 'Representation' criteria is between Bourke and Wilcannia IP's and CCG's.

Taking the five communities together, the common representation deficit is in two significant areas:

- lack of balanced and relevant representation on IP's from the Aboriginal community; and
- lack of appropriate agency staff regularly attending IP and CCG meetings.

These two deficits raise questions about the effective functionality of these key elements of the RSDM in the sensitive area addressed by the Safe Families Program.

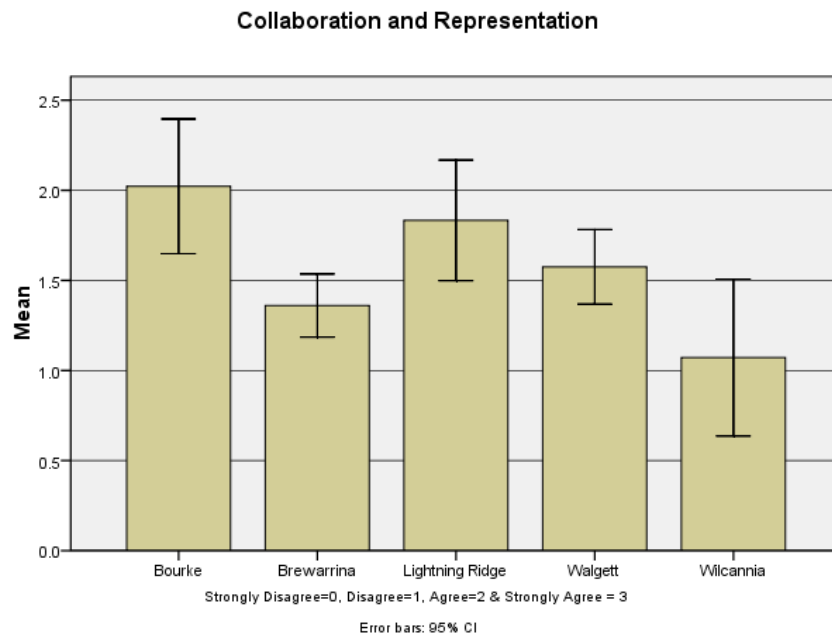
However, given the above observation, the operation of the Safe Families Program under the RSDM is seen to be effectively addressing child sexual assault at both community and family levels in Bourke, Lightning Ridge and Walgett but to a lesser extent in Brewarrina and not so in Wilcannia.

Collaboration between agencies, interrogated by four survey items, is identified as an issue in Brewarrina and Wilcannia. A more positive collaborative picture pertains to Bourke, Lightning Ridge and Walgett. Even so, respondents identified the need for more opportunities to discuss issues between agencies, the exception here being Walgett.

By way of summarising the analysed survey data for the IP and CCG collaboration and representation items, an overall average response from across the ten survey items has been calculated. These summary averages are represented graphically below with their 95 percent confidence levels.

Table 3.6: Survey Response Numbers included in the calculation of Summary Averages (Composite Variables) for Collaboration and Representation

	Bourke	Brewarrina	Lightning Ridge	Walgett	Wilcannia
Collaboration & Representation	9	9	3	4	7



‘Collaboration and Representation’ is measured and displayed in the above graph as the average response across the ten representation survey items for each of the five communities.

The summary ‘Collaboration and Representation’ graph emphasises the disparity between the collaborative and representative natures of the Bourke, Lightning Ridge CCG’s on the one hand and that of the Wilcannia CCG on the other. The CCG’s of Brewarrina and Walgett, while in the middling negative zone on this dimension suggesting a basis for building a more collaborative and representative Group.

3.6.3.2 Delivery of services through the interagency model overview

The analysed responses for the 'Service Delivery' aspect of Interagency Arrangements under the RSDM identify four issues domains. These are:

- Levels of understanding by service agency staff of the aims and workings of the Safe Families Program under the RSDM;
- Family referral process;
- Management of interagency relationships;
- Nature of services located in the remote NSW townships.

Service agency staff's understanding of the Safe Families Program overview

It is a concern that in two communities, Brewarrina and Walgett, agency staff delivering services or potentially being available to provide services to vulnerable Aboriginal families in their designated townships under the Safe Families Program do not have a full understanding of the Program. This lack of understanding is more pronounced for the way the Program operates at the community level.

Family referral process overview

Given that all community means for judgements on the way family referrals are working through the CCG's are below 2, with the mean for Wilcannia below 1, attention is drawn to this aspect of the RSDM. There is less negativity for the processes underway at the Bourke and Walgett CCG's. Perhaps the way to improve the practice of family referrals more generally could be through a closer examination of the operations established at Bourke and Walgett.

Management of interagency relationships overview

In this commentary the Lightning Ridge data is set aside. There is clearly an issue confronting CCG's in the other four communities in the way interagency relationships are monitored and managed. The survey items relevant to this issue focused on 'active' monitoring and management. Under the RSDM, relationships between service agencies are facilitated by processes of mutual consent and shared good will. Where these processes are developing well, perhaps, for example, in Bourke, a stronger *esprit de corps* may evolve. But these processes can be strained through a lack of knowledge about the workings of the Safe Families Program by local agency staff and by levels of bureaucratic parochialism on the part of key agency staff.

Nature of services located in the remote NSW townships overview

The survey contained six items relevant to this issues domain. These items canvassed perceptions on the availability, appropriateness and cultural relevance of available services for Aboriginal children, young people and families. This issues domain is particularly pertinent to the Safe Families agenda and particularly so given that four of the five townships have a majority of Aborigines in their populations. Two townships, Walgett and Lightning Ridge, received mean ratings of 2 or above on a number of the six items, for four items at Walgett and for three at Lightning Ridge. Once again the Lightning Ridge result could be seen as anomalous given that this is the one township with a population in which Aborigines are a minority group, albeit a significant minority group.

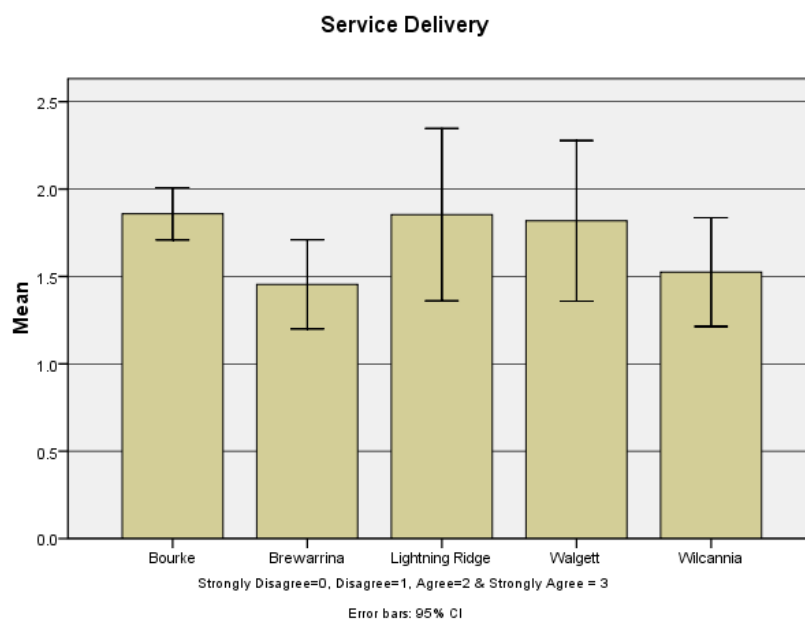
Walgett respondents judged that the available services were appropriate and culturally relevant for Aboriginal children, young people and families. Even so, the Aboriginal children and young people at Walgett were judged to be, essentially, no better off in terms of being offered and receiving the full range of available services than in Bourke, Brewarrina and Wilcannia.

The Bourke, Brewarrina and Wilcannia respondents to these six items were uniformly critical of nature of the services provision with a negativity continuum ranging from Bourke (least critical) to Wilcannia (most critical).

By way of summarising the analysed survey data on ‘Service Delivery’, an overall average response from across the eleven survey items has been calculated. These summary averages are represented graphically below with their 95 percent confidence levels.

Table 3.7: Survey Response Numbers included in the calculation of Summary Averages (Composite Variables) for Service Delivery

	Bourke	Brewarrina	Lightning Ridge	Walgett	Wilcannia
Service Delivery	9	7	4	3	7



‘Service Delivery’ is represented in the above graph as the average response across the eleven *delivery of services through the interagency model* survey items for each of the five communities.

The summary ‘Service Delivery’ graph while clearly showing a less than a minimal level of perceived good practice across all five townships, emphasising the disparity between townships on the delivery of services through the interagency model of the Safe Families Program, services are appropriate and culturally relevant for Aboriginal children, young people and families. The summary clusters Bourke, Lightning Ridge and Walgett as a group almost reaching a minimal level of perceived good practice. Brewarrina and Wilcannia are clustered as a group of townships well below this minimal level.

3.6.3.3 Staffing and Community Overview

Respondents to the survey were asked to rate six items interrogating the staffing of service agencies in their community involved with the integrated model of the Safe Families Program. For the four communities in which active case management of vulnerable families is occurring, the only survey item to recorded means of 2 or above was the final item, *staff in my agency have a good working relationship with community-based staff in other agencies*. The issues highlighted by these ‘Staffing and Community’ items are threefold:

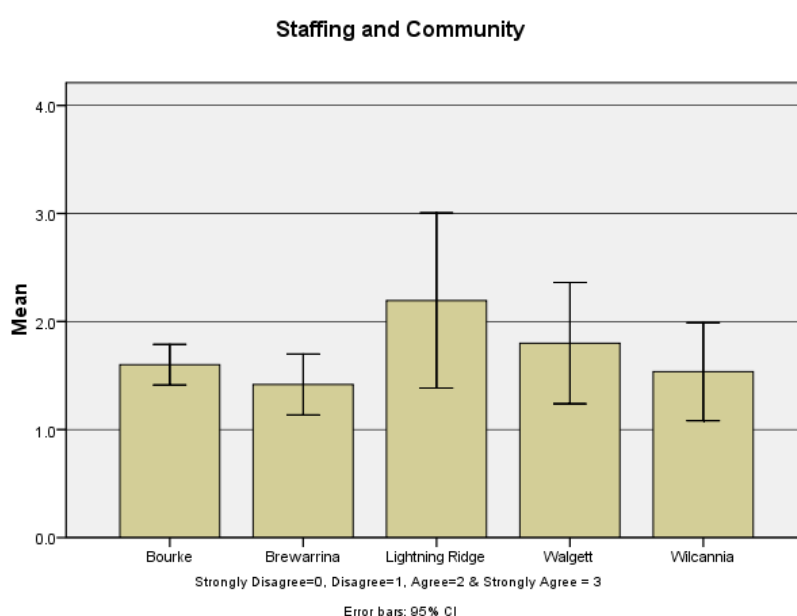
- A pressing need to build community trust and confidence in those agencies delivering services to their vulnerable families;
- The adequacy of staffing levels in these same agencies;

- The importance of community-based agency staff for the effective development of interagency working relationships.

By way of summarising the analysed survey data on ‘Staffing and Community’, an overall average response from across the six survey items has been calculated. These summary averages are represented graphically below with their 95 percent confidence levels. The overall pattern of means represented in this graph has been termed the ‘Staffing and Community’ pattern.

Table 3.8: Survey Response Numbers included in the calculation of Summary Averages (Composite Variables) for Staffing and Community

	Bourke	Brewarrina	Lightning Ridge	Walgett	Wilcannia
Staffing & Community	10	9	3	4	7



‘Staffing and Community’ is represented in the above graph as the average response across the six *staffing and community* survey items for each of the five communities. The summary pattern is less than positive overall.

3.6.3.4 Workforce Development Overview

The ‘Workforce Development’ set of six criteria produced the most positive set of means for the analysed survey responses. In general, respondents judged themselves, colleagues and most other agency staff as well equipped for interagency team-based family case management, operating with cultural sensitivity and not requiring further training in case management. The Safe Families Program community where mean responses were at odds with this general picture with three means less than 2 was:

- Bourke for:

- *Most staff in this agency are well equipped to undertake their role in an interagency case management team;*
- *Agency staff providing family case management and engagement and education activities operate with cultural sensitivity.*

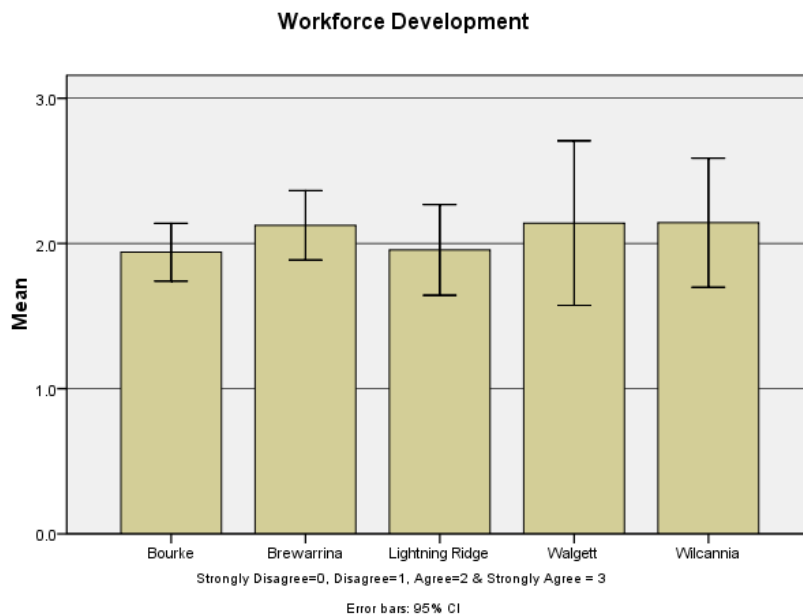
One interpretation of these aberrant ratings for Bourke on the extensive list of survey items is that Bourke respondents may be firstly, more attuned to challenges of working in an interagency case management team from prior experience and professional development in this area and, secondly, more attuned to the subtleties of working constructively in cross cultural spaces perhaps also as the result of cultural competency professional development.

The overall average response from across five of the six survey items in the ‘Workforce Development’ set has been calculated. The item not included in this calculation is *I need more training in case management to perform my role*. This item was excluded from contributing to the summary variable due to the potential that, if included, it could contribute a different meaning to that of the other items in the set.

These summary averages are represented graphically below with their 95 percent confidence levels. The overall pattern of means represented in this graph has been termed the ‘Staff and Community’ pattern.

Table 3.9: Survey Response Numbers included in the calculation of Summary Averages (Composite Variables) for Workforce Development

	Bourke	Brewarrina	Lightning Ridge	Walgett	Wilcannia
Workforce Development	10	8	3	5	7

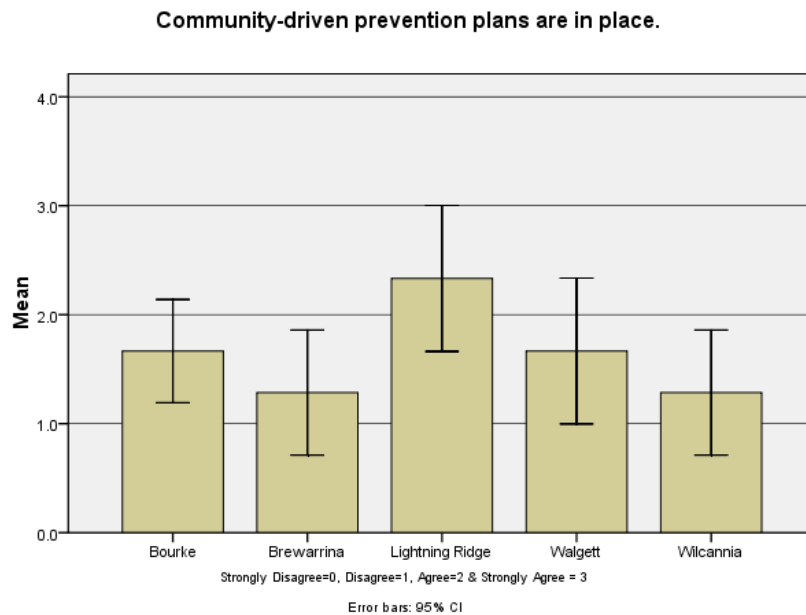


‘Workforce Development’ is represented in the above graph as the average response across the five of the *workforce development* survey items for each of the five communities. The summary pattern is, in general, positive.

3.6.4 Engagement of communities in prevention and planning to address Child Sexual Assault

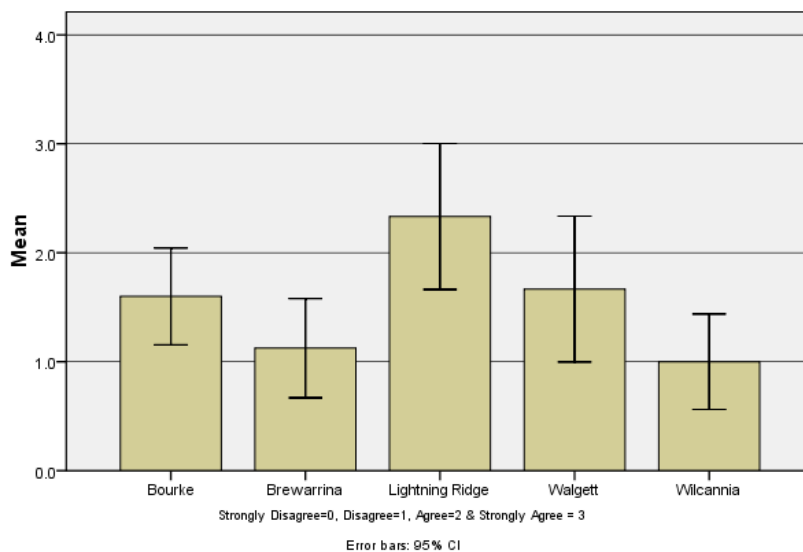
The items under this section of the survey covered a broader scope of community involvement in the Safe Families Program than those included in the initial community engagement and education section of the survey.

Survey respondents rated six items interrogating community members’ involvement and participation in the activities and operations of the Safe Families Program in their townships. The same four point Likert scale as for the above sections of the survey was used. The graphed means and confidence intervals for each of the six items follow with comparative commentary under each graph.



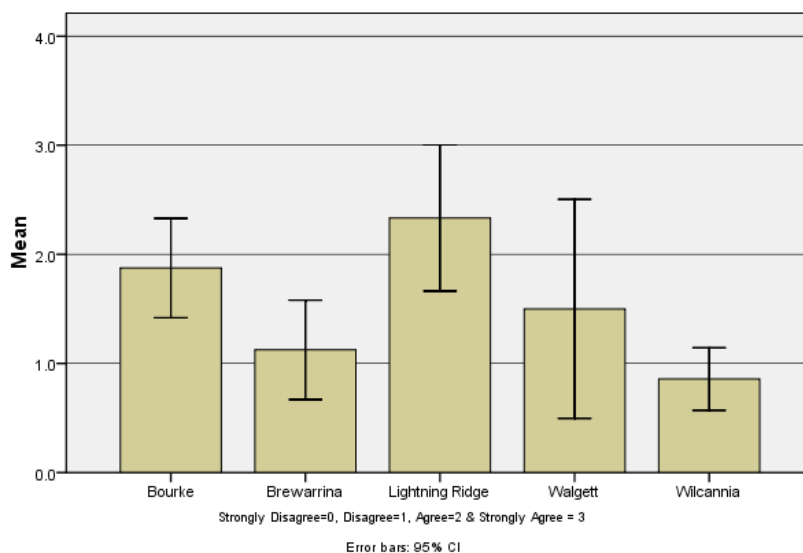
From the survey respondents’ perspectives the prevention plans that are in place are not necessarily community-driven. Lightning Ridge’s prevention plan is the exception. The community-driven natures of the prevention plans at Brewarrina and Wilcannia are rated lowest, below 1.5. The results for these four latter communities are perhaps a reflection on the establishment of LARG’s and the representative nature of LARG’s in these communities.

The community engages in focused ways to support prevention of CSA.



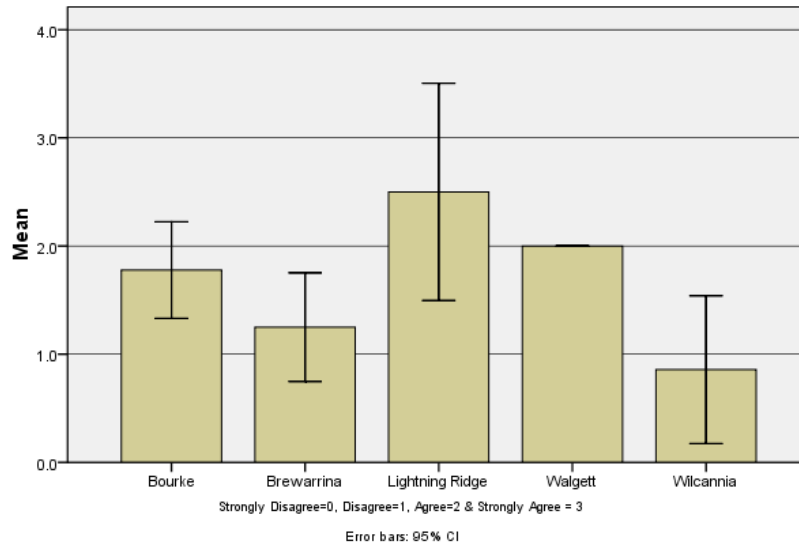
The pattern of means on this focused community engagement item is similar to that above for community-driven prevention plans though with even low mean ratings for Brewarrina and Wilcannia.

The efforts of community members are made within a structured process.



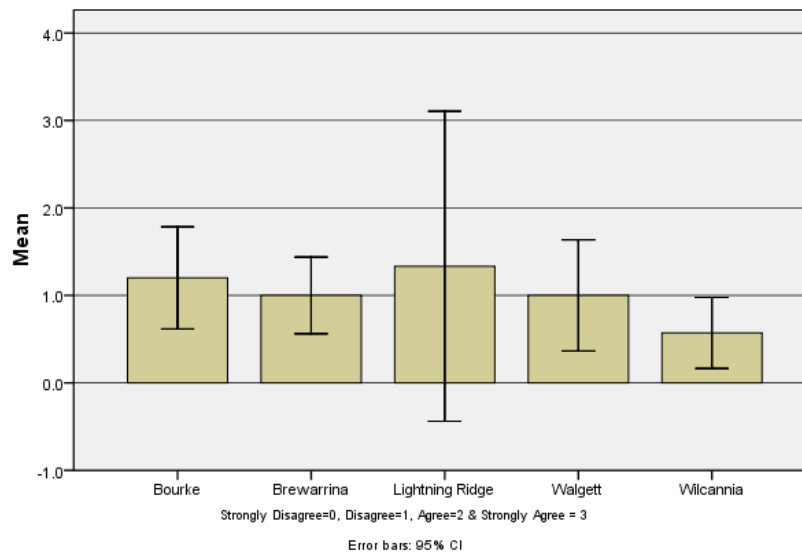
The pattern of negativity, Lightning Ridge aside, shown in the two previous graphed means is repeated in the above graph reflecting the efforts of community members within a structured process. The mean for Bourke is higher but still below 2, the mean for Wilcannia is depressed even further, below 1 with a narrow 95 percent confidence interval, indicating high levels of agreement around the mean score.

The efforts of the community members are informed by other representative groups, such as the Community Working Party.



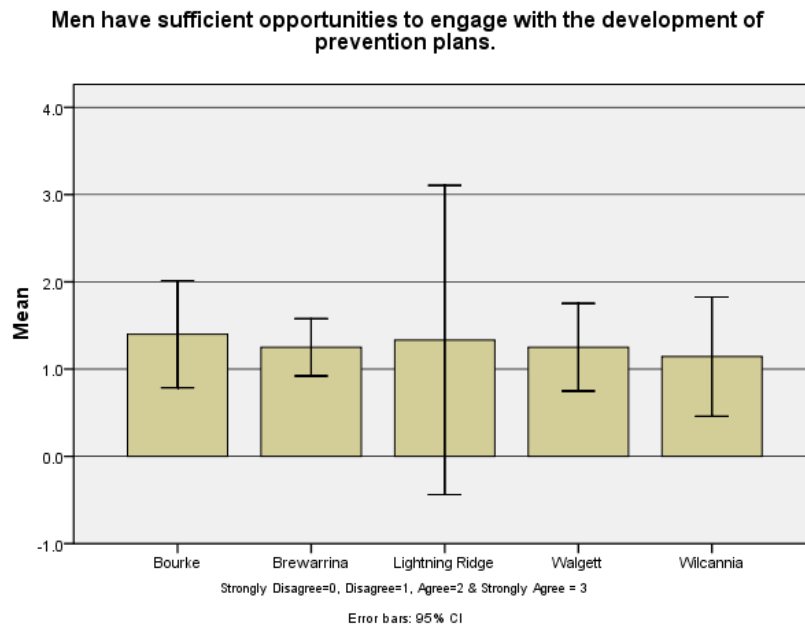
With the exceptions of Lightning Ridge and Walgett the patterns of means in the above graphs of this section continues. This item can be interpreted as reflecting on the relationship between LARG members and members of broader representative community groups. The respondents for Brewarrina and Wilcannia tended to disagree with this statement indicating a possible poor relationship. Respondents from Bourke, Lightning Ridge and Walgett were more positive although the mean for Bourke was below 2.

Sufficient men from the community are engaged with developing prevention plans.



Of all the Likert scaled items in this survey the pattern of means for this item is overall the most negative. Men are clearly not seen to be engaged in sufficient numbers in the development of child sexual assault prevention plans. The

extreme width of the 95 percent confidence interval range for the Lightning Ridge mean indicates differences of opinions in this community on this matter.



As with the previous graphed means of male engagement, the pattern of means for the criterion as to whether men have sufficient opportunities to engage in the development of prevention plans is also starkly negative although slightly less so that for male engagement indicating that a very limited set of opportunities have been available. The difference of opinions recorded for Lightning Ridge respondents persists.

3.6.4.1 Overview

The items under this section of the survey covered a broader scope of community involvement in the Safe Families Program than those included in the initial community engagement and education section of the survey.

The ‘Community Participation’ set of six criteria has produced, except for Lightning Ridge, a uniform pattern of negative means for the analysed survey responses with the most negative patterns on the individual items addressing the involvement of community-based men in the development of prevention plans. Although there were variations in the means of community-related responses the other four items, the collective responses to the two community male-related items were uniformly low.

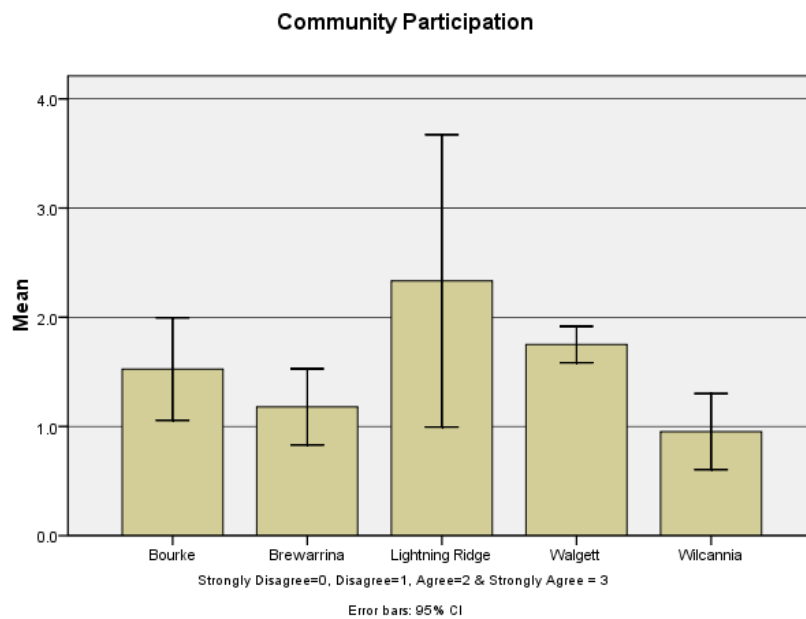
The significant issue highlighted by the analysed responses for the ‘Community Participation’ criteria is the lack of community member engagement in structured and focused ways in the development of prevention plans and in supporting Safe Families Programmatic agenda of working towards the prevention of child sexual abuse. Consequently, prevention plans

are perceived to be (except for Lightning Ridge) not community-driven, LARG members are not informed by established representative community groups (exceptions being Lightning Ridge and Walgett) and men have a minimal role in the development of prevention plans.

By way of summarising the analysed survey data on ‘Community Participation’, an overall average response from across the six survey items has been calculated. These summary averages are represented graphically below with their 95 percent confidence levels. The overall pattern of means represented in this graph has been termed the ‘Community Participation’ pattern.

Table 3.10: Survey Response Numbers included in the calculation of Summary Averages (Composite Variables) for Community Participation

	Bourke	Brewarrina	Lightning Ridge	Walgett	Wilcannia
Community Participation	10	9	4	5	7



Lightning Ridge with its overall mean above 2 is the positive outlier but with its wide 95 percent confidence interval a ‘true mean’ could be closer to the means of the other four communities. That aside, the ‘Community Participation’ graph clearly illustrates the general issue the Safe Families Program has still to deal with; that is, building community participation much more fully into the operations and implementation of the Program at the local community level.

3.6.5 Future Arrangements

3.6.5.1 Overview

This final section of the survey consisted of three Likert scaled items seeking responses to ways forward for the Safe Families Program after the current funding of the Program ceases on 30 June 2012. The respondents to these items were not categorised according to their community affiliations.

Twenty one people responded to the first item, twenty to the next two items.

The three 'Future Arrangements' items were limited in scope and exploratory in nature. Of the full survey respondent population 39% address these items. Of these respondents all are clearly committed to a coordinated interagency approach to meeting the needs of vulnerable Aboriginal families. Given this self-selecting group of Safe Families Program participants only tentative insights can be drawn.

For service provider personnel committed to coordinated interagency practice two insights emerged from these data:

1. Financial support for the administration of coordinated interagency practice at the local community level will be required, although part of the costs involved may be available from within the budgets of particular organisations/agencies. Additional funding may be of a 'gap-filling' nature.
2. There is optimism that agencies committed to coordinated interagency practice will attempt to work through barriers presented by a diminution of levels of State Government funding and continue to support vulnerable families.

3.7 Concluding Thematic Analysis of the Likert Scaled Survey Items

The concluding thematic analysis is a distillation of the issues identified by the respondents to the Likert scaled items in the survey of participants in the operations of the Revised Service Delivery Model of the Safe Families Program. The identified themes are presented below under the section headings of the survey.

3.7.1 Community Engagement and Education

1. The benchmark for successful outcomes for the community engagement with and education on the issue of child sexual abuse prevention indicates relatively slow and hesitant progress across all communities.

3.7.2 Organisational Operations

1. The benchmark for operational efficacy of the Case Coordinating Groups in the four communities with active case management histories indicates variability in progress towards improved outcomes for vulnerable families, with two communities above the benchmark, Bourke and Walgett.
2. The benchmark for balanced representation on the RSDM Groups indicates progress has been slow in securing balanced and relevant representation on Issues Panels from the Aboriginal communities.
3. The benchmark for balanced representation on the RSDM Groups indicates that there are serious issues pertaining to the regular attendance of appropriate agency staff at Issues Panel and Case Coordination Group meetings.
4. The benchmark for effective collaboration within the RSDM Groups indicates variability in progress towards building constructive interagency collaborative environments, with three communities above the benchmark, Bourke, Lightning Ridge and Walgett.

3.7.3 Service Delivery

1. Service agency staff's understanding of the Safe Families Program indicate a variable working knowledge of the Program's operational guidelines, particularly so for staff working in two communities, Brewarrina and Walgett.

3.7.4 Family referral process

1. The vulnerable family referral process of the RSDM is a fraught area under this Model requiring new practices to be adopted by agencies accompanied by shifts in professional attitudes and new protocols for the ethical engagement with clients. Progress in adjusting to this challenge is evident in the Bourke and Walgett Case Coordination Groups.

3.7.5 Management of interagency relationships

1. Management of interagency relationships under the RSDM without delegation of authority to a lead agency can create uncertainty and lack of accountability at an operational level.

3.7.6 Nature of services located in the remote NSW townships

1. The nature of services provision to the townships, in terms of appropriateness and cultural relevance, is an overall issue for those most closely involved with the operations of the Safe Families Program. Results show a negativity continuum ranging from Bourke (least critical) to Wilcannia (most critical).
2. Further advances in the effectiveness of the RSDM version of the Safe Families Program is dependent on significant progress in building

community trust and confidence in those agencies delivering services to their vulnerable families.

3. Concomitant with building higher levels of community trust and confidence in the agencies delivering services to their communities is building staffing levels in these same agencies adequate to the complexity of meeting the Safe Families challenge.
4. Community-based agency staffing, at appropriate levels, is a necessity for the effective development of interagency working relationships of a type that constructively facilitate the delivery of seamless and culturally respectful services to vulnerable families.

3.7.7 Workforce Development

1. Workforce development for service agencies involved in the prevention of Aboriginal child sexual abuse must be attuned to the subtleties of constructively working in cross cultural spaces with agencies developing their staff members' cultural competency accordingly.

3.7.8 Community Participation

1. Under the RSDM, a significant and pressing issue for the Safe Families Program is the delayed progress in building local community participation fully into the operations and implementation of the Program.

3.7.9 Future Arrangements

1. The continuation of preventative Aboriginal child sexual abuse programs in the five NSW communities will require continued State Government financial support for the administration of coordinated interagency practice at the local community level.
2. Accepting the optimism that service agencies, committed to coordinated interagency practice in meeting the complex needs of vulnerable Aboriginal families, can work through barriers presented by a cessation or diminution of levels of State Government funding and continue to support vulnerable families is a risk not to be taken.

3.8 Analysed Survey Results: Short Written Response Items

In addition the Likert scaled items included in the Safe Families Program survey, seven items requiring short answer responses were included. These items were:

1. Please identify up to three areas in which you would like to receive training for your role in the Safe Families program;
2. Can you list the services delivered to case managed families in the (name inserted) community;
3. Can you list the services available to case managed families in the (name inserted) community;

4. What are the main features of the current Safe Families program that you would want to see continue into the future? Please include supporting reasons;
5. Can you identify some of the most positive aspects of the Safe Families program;
6. Can you identify the factors that have supported success in the program; and
7. Can you identify the barriers to the successful implementation of the program?

Item 1 concluded the Workforce Development section of the survey. Items 2 and 3 followed the Community Participation section and items 5, 6 and 7 followed the Future Arrangements section at the conclusion the survey. The responses to these seven items are scrutinised in this section of the Evaluation Report as they were grouped in the survey beginning with the Training item.

The listing of written responses to these items is included in Appendix 3. What follows in this chapter are the summaries drawn from the listed responses.

3.8.1 Areas in which Respondents would appreciate Training

In summary the training areas identified by respondents were:

1. Interagency case management of vulnerable families;
2. Cultural competency training including training focusing on responding to the needs of vulnerable families in an appropriate way and training in community engagement;
3. Specific training in responding to child sexual assault and domestic violence;
4. Training in related wellbeing and education programs; and
5. Orientation, induction and specific training in the operations of the RSDM of the Safe Families Program.

These five areas of training will be returned to in the Recommendations Chapter of this Report.

3.8.2 Services Available and Delivered to Vulnerable Aboriginal Families

Respondents to these survey items were asked to identify the township in which the services were both available and delivered. The listed services are presented for each community in Appendix 2.

3.8.3 Main Features of current Safe Families Program to be continued into the Future

This identification of the main features of the RSDM that respondents would want to continue into the future was balanced by a limited number of negative comments (not included). A comment that that was less than positive of the RSDM but constructive in its advice for the future was the following:

“It is unclear whether this model is the model that best suits the needs of Wilcannia given the difficulty in creating a LARG, and the reluctance of agencies to work in an integrated case management model.”

The point raised here will be considered at a later stage in the Report.

3.8.3.1 Main Features to be continued

The main features identified by respondents are:

1. Case coordination for families through case management interagency meetings;
2. Collaboration and open communication amongst current service agencies;
3. Issues Panels with meetings with all of the LARG members;
4. Improved education about and awareness of child sexual assault;
5. On-going education and support for families
6. Counselling;
7. Education and training of local people and increased numbers of agency staff ‘on-the-ground’ (reduction in visiting agency staff);
8. Maintain funding for integrated case management under a reviewed model;
9. Maintain NGO leadership.

3.8.4 Positive Aspects, Supportive Factors and Barriers to Success

3.8.4.1 The Most Positive Aspects of the Safe Families Program

These final three survey items have raised an extensive range of issues for the Evaluation. These issues are both positive and negative. Some issues have been expressed in terms of building on from the experiences of the past since the inception of the Safe Families Program and then through the RSDM second stage of the Program other issues are ‘alerts’ to improved ways of undertaking the support of vulnerable Aboriginal families wherein child may be at risk of sexual abuse.

An identification of the main issues as constructive and alerting themes will conclude this section of the Survey short written responses analysis.

3.8.4.2 Initial Issues Identification

Appendix A: Constructive themes arising from the identification of positive aspects of the RSDM

1. Integrated case management and agency networking;
2. Interagency meetings that enables open communication between agencies for the desired outcomes and representation, while promoting action and engagement.
3. Opportunities for sharing resources and ideas;
4. The early intervention approach;
5. Availability of brokerage services;
6. A NGO administrating the coordinated approach with a common coordinating role;
7. Dedicated teams of agency workers;
8. Naming of the issue of child sexual assault and community awareness raising activities;
9. Expansion of child sexual assault knowledge and awareness by Safe Families Program workers into their other roles in the region; and
10. Availability of staff counselling.

Appendix B: Constructive themes arising from the identification of supportive factors of the RSDM

1. The interagency meetings for the case management of families;
2. Effective communication between services enabling intense support for families with all needs taken into account
3. Consistent support from a few core agencies including the administrative support provided by NGO's and the drive provided by these key organisations enabling one point of contact for coordination;
4. Commitment from agency staff and some exceptional team members;
5. Availability of Brokerage funds;
6. Community and agency engagement working together with common goals;
7. Willingness of community members to participate in LARG's.
8. Service providers working collaboratively to raise awareness of child sexual assault;
9. Family involvement in case management discussions; and
10. Willingness of community and service providers to acknowledge child sexual assault as a central issue in communities.

Appendix C: Alerting themes arising from the identification of barriers to the success of the RSDM

1. Agencies reflecting positively on the previous Safe Families Program model (Stage 1);

2. Agencies working together with different rules as in the previous Safe Families Program model;
3. A lack of understanding of integrated case management;
4. Denial by agency staff of any need for formal training in integrated case management;
5. Bad choices of in staff recruitment;
6. Top-heavy management and disputes among some departmental managers (a poor example to staff);
7. Implying that child sexual assault is an Aboriginal-only problem;
8. Refusal by some agency staff to name child sexual assault as the issue;
9. Issues with community engagement influenced by distances travelled by non-local agency staff;
10. Lack of agency representatives at meetings as an on-going issue;
11. Low staff numbers in a number of organisations and non-commitment by some staff. More agencies need to be involved at an equal level to all others;
12. The NGOs have struggled to engage the Government agencies;
13. Local agencies lacking capacity and needing qualified staff;
14. LARG only on board in the last six months;
15. Without the community as a collective taking of responsibility, service agency staff will continue to experience burnout and frustration;
16. Families not involved in case planning for their own case plans.
17. Turnover in agency staff could introduce barriers;
18. The resistance of local workers to get involved for fear of retribution, (a tension with the desire to increase local representation in agencies' workforces); and
19. Agencies who identify families as at risk but do not want to assist in case managing these families.

3.9 Concluding Comment on the Analysis of the Short Answer Responses to the Survey Items

From the above analyses the following have been derived:

- Five training areas identified by people working within the RSDM of the Safe Families Program;
- Nine features of the current RSDM of the Safe Families Program survey respondents would like to see continue into the future;
- Ten constructive themes arising from the identification of positive aspects of the RSDM;
- Ten constructive themes arising from the identification of supportive factors of the RSDM; and
- Nineteen alerting themes arising from the identification of barriers to the success of the RSDM.

These findings will inform the recommendations arising from this Evaluation of the RSDM.

4 Community-based Consultations: data collection and accounts of the Revised Service Delivery Model in each of five communities

4.1 Introduction

The community-based consultations were conducted in the period 2nd to 12th of April 2013. These consultations involved interviews and focus group discussions with people knowledgeable of the Safe Families Program's Revised Service Delivery Model. These consultations took place in Broken Hill (April 2), Wilcannia (April 3), Dubbo (April 8), Walgett (April 9), Lightning Ridge (April 9), Brewarrina (April 10), Bourke (April 10 & 11) and Dubbo (April 12). The consultations occurred in the order of the communities just listed.

4.1.1 Consultations

Consultations were undertaken with the following individuals and groups:

Broken Hill

- i. Officer, Community Services, NSW Department of Family & Community Services;
- ii. Officer, FACS employee;
- iii. Program Manager, Dubbo Office, Mission Australia NSW (Chair of Wilcannia Case Coordinating Group and Issues Panel);
- iv. Service Manager, Broken Hill Office, Mission Australia NSW.

Wilcannia

- v. Local Manager, Save the Children Australia;
- vi. Local Health Worker, Maari Ma Health, Local Aboriginal Reference Group (LARG) member
- vii. Joint Case Coordinating Group & Issues Panel members including one LARG member (16 attendees in total).

Dubbo (first visit)

- i. Acting Director, Safe Families, Aboriginal Affairs (Western Office), Office of Communities, NSW Department of Education and Communities;
- ii. Program Manager, Pre-Revised Service Delivery Model Safe Families Program, Aboriginal Affairs (Western Office), Office of Communities, NSW Department of Education and Communities;

- iii. Senior Project Officer, Current Safe Families Program, Aboriginal Affairs (Western Office), Office of Communities, NSW Department of Education and Communities;
- iv. Director, Primary and Community Health, Western NSW Local Health District, NSW Ministry of Health

Walgett

- i. Local Aboriginal Reference Group members (3);
- ii. Joint Case Coordinating Group & Issues Panel members including one LARG member (12).

Lightning Ridge

- i. Joint Case Coordinating Group & Issues Panel members including four LARG members (7).

Brewarrina

- i. Local Aboriginal Reference Group members and chairperson of the Community Working Party (2) and one community member;
- ii. Joint Case Coordinating Group & Issues Panel members (9).
- iii. Relieving Manager, Orana/Far West Network, Western Region, Community Services, NSW Department of Family & Community Services.

Bourke

- i. Manager, Bourke Safe House & member of Local Aboriginal Reference Group;
- ii. District Manager, Dubbo & West NSW, Ageing, Disability & Home Care, NSW Department of Family & Community Services;
- iii. Detective Senior Constable, NSW Police, Bourke Joint Investigation Response Team, NSW Government;
- iv. Family Worker, Bourke Office, Centacare Wilcannia-Forbes, Centacare NSW;
- v. Ngemba Elder, Local Aboriginal Reference Group;
- vi. Joint Case Coordinating Group & Issues Panel members including one LARG member (11).

Dubbo (second visit)

- i. Program Manager, Dubbo Office, Mission Australia NSW (Chair of Bourke Case Coordinating Group and Issues Panel)
- ii. Administrator of Safe Families, Dubbo Office, Mission Australia NSW;
- iii. Safe Families Program Administrator, Dubbo Office, Mission Australia NSW.

Subsequent Interviews

- i. CEO, MacKillop Rural Community Services;
- ii. Western Regional Director, Community Services, NSW Family and Community Services.

In total sixty four individuals participated in the evaluative consultations (several individuals were involved in more than one consultation event due to their membership on several Case Coordinating Groups or LARG members being present at both the LARG consultation and the following joint Case Coordinating Group and Issues Panel consultation. Eleven individuals were in this category and these individuals have only been counted once as participants in the consultation phase of the evaluation).

Each interview and focus group discussion was, with participants' consent, audio recorded and field notes were scribed as well. The accounts and analysis included in this section of the NSW Government Safe Families Program Revised Service Delivery Model Evaluation Report are based on these two evidentiary records.

4.1.2 Foci of the Consultations

The primary focus of the consultations was on the effectiveness of the Revised Service Delivery Model (RSDM) of the Safe Families Program. The RSDM was introduced in October 2011 after the Stage 1 Evaluation of the Program and was implemented essentially from the beginning of 2012. Thus the community-based consultations were about the effectiveness of a revised model of Safe Families Program delivery that had been implemented over a fifteen month period at the most in five communities in the Far West and Western NSW.

Given this primary focus of the consultations, detailed attention was directed to the three components of the RSDM – the Local Aboriginal Reference Groups (LARG), the Case Coordinating Groups (CCG) and the Issues Panels (IP). Each of the five communities has:

- a LARG comprising Aboriginal community members who have developed a local child sexual assault prevention plan (the Prevention Plan) and are expected to monitor the implementation of the Plan through the work of the IP;
- a CCG comprising government and non-government agencies that are able to provide local interagency case management for vulnerable Aboriginal families and children; and
- an IP comprising both LARG and CCG members whose brief is to implement child sexual assault community education and awareness raising activities consistent with the LARG Prevention Plan. The Aboriginal

Affairs (Western Office) Senior Project Officer Safe Families is a member of each community's IP and has a role with each LARG in assisting with the development of their Prevention Plans and monitoring the implementation of these Plans.

Specifically, the consultations were directed towards exploring the effectiveness of the RSDM from January 2012 to March 2013 through the operations and outcomes of the LARG's, CCG's and IP's based in the five Far West and Western NSW communities.

Further to the above, the consultations sought evidence of:

- satisfactory levels of involvement of community members and key service delivery agencies in local program developments; and
- factors that strongly indicate positive results while identifying barriers to implementation and indicating opportunities for improvement.

During each consultative event participants were asked to consider what, if any, recommendations could be made in the Evaluation Report to continue the structure of the RSDM within current agencies' budgets and frameworks. This aspect of the evaluation's scope is highly pertinent to the issue of providing support to families in the five Aboriginal communities who continue to be vulnerable to sexual assault given that the Safe Families Program is due to cease as of 30 June 2013.

4.1.3 Selected Background Information to the Operations of the three Community-based Components of the RSDM relevant to the Consultations

The consultation-based accounts that follow assume some prior knowledge of processes and procedures relevant to the implementation of the components of the RSDM. As these processes and procedures are general to the RSDM across all of the communities involved with the Safe Families Program, they are briefly elucidated at this point in the report as background context-setting information.

4.1.3.1 LARG Operations

Three general procedural matters are relevant to the operation of LARG's across all five communities.

1. LARG Establishment

LARG's were to be established from the beginning of the Safe Families Program in 2008. LARG establishment pre-dated the RSDM version of the Safe Families Program; that is, Stage 1 of the Safe Families Program. The

responsibility for facilitating the establishment of a community's LARG rested initially with the NSW Aboriginal Affairs Community Engagement Officers based in each community under Stage 1.

Under Stage 1 of Safe Families, each community had a Safe Families 'shop-front', a building designated as the Safe Families Office in which the Aboriginal Affairs Community Engagement Officer was co-located with three local NSW Community Services workers and one local NSW Health worker.

LARG establishment in the various communities took variable lengths of time before the different LARG's became functional in terms of the development of their Prevention Plan and participation in IP meetings.

2. LARG Membership

Membership of a community's LARG is voluntary. Volunteers are sought from respected older Aborigines resident in the community. Upon volunteering an individual is then subjected to a probity check as a necessary procedure before becoming an active member of the LARG. This process focuses on disallowing any person with a criminal record that involves violence (particularly domestic violence and sexual assault) and crimes involving children and young persons (particularly sexual assault).

The checks conducted within this probity process involved several government departments, a process which took time. The checks involved NSW Police, Australian Federal Police, NSW Community Services and NSW Commission for Children & Young People. These probity checks considered police records, criminal records, family violence histories and 'Working with Children Checks'. When these checks were completed the outcomes were referred to the relevant JIRT for a further review. Community members surviving these probity checks could be rejected from LARG membership if vetoed by one or more community members drawing on local community knowledge of prior behaviours deemed inappropriate for membership of an entity addressing the issue of child sexual assault in the community.

3. LARG Terms of Reference and Codes of Conduct

The Office of Aboriginal Affairs NSW drew up procedural documents for the LARG's. These were a Safe Families Program Terms of Reference for a LARG and a Code of Conduct for LARG members. Examples of these documents from Wilcannia and Brewarrina respectively are included in this report as Appendix 4a and 4b. It is noted that these documents predate the RSDM of the Safe Families Program and are well and truly within the genre of governmental bureaucracy.

4.1.3.2 CCG Operations

Five general operational procedures of CCG's are identified below as background to the five community-based operational accounts that follow from the community consultations.

1. CCG Membership

Under the RSDM, membership of each CCG is restricted to those agencies that have the potential to provide services to families and their children and young persons, services within the scope of addressing needs relevant to child sexual assault prevention. CCG member agencies are those agencies delivering these services locally with a capability of being in partnership with other such agencies in family-focused case management teams. The case management teams, involving both government and non-government agencies, are expected to provide a holistic, integrated service to vulnerable families. These interagency case management teams are constituted by the CCG of each community upon the referral of a family to the CCG. Family referrals to each CCG come from the CCG member agencies and, though not expected to make referrals to their community's CCG, LARG's are not excluded from doing so.

2. Service Delivery Agencies identified as CCG Stakeholders

The service delivery stakeholders comprise both NSW government agencies and non-government agencies.

The relevant NSW Government agencies are Community Services, Departments of Education & Training, Corrective Services, Juvenile Justice, Housing NSW, Aboriginal Housing Offices, Ageing, Disability & Home Care, NSW Police including JIRT and NSW Health.

The non-government agencies include Mission Australia NSW, MacKillop Rural Community Services, Safe Houses, Youth Services, Aboriginal Medical Services and other NGO's operating in the five communities (for example, Thiyama-li Family Violence Legal Service, Centacare, Uniting Care Burnside Family Referral Service, Yarra Meamel Women's Group Inc. and MediCare Local.

3. Family Types and the CCG operations

Under the RSDM the family focus of the CCG's has been defined according to an integrated model for child protection services in relation to the varying

needs of families (Source: Bamblett et al, 2010, p.92). This model categorises families into the following types:

- Family Type 1:** All children and families
- Family Type 2:** Children and families who may be vulnerable
- Family Type 3:** Children and families with Indicated Problems (child sexual assault not reported)
- Family Type 4:** Children and families that require statutory involvement and mandatory services (child sexual assault reported)
- Family Type 5:** Families where children cannot be cared for at home and require alternative care

Under this integrated model for child protection services, the services are graded according to family type as follows:

- Family Type 1:** Services associated with wellbeing promotion and primary prevention
- Family Type 2:** Services associated with selective prevention and support
- Family Type 3:** Services associated with indicated prevention and support
- Family Type 4:** Services associated with treatment and maintenance support
- Family Type 5:** Services associated with treatment and maintenance support

The families falling within the scope of the Safe Families Program CCG's are those families identified through referrals as belonging to Family Types 2 and 3. These families are termed 'vulnerable families' wherein children and young people are at risk of sexual harm.

Families defined as Family Type 1 are included in the RSDM under the work of the LARG's and the IP's; that is, under the education and awareness raising activities associated with the Preventative Plan.

Children and young people from Types 4 and 5 Families receive mandatory services provided by NSW Community Services and Health. These families are referred to by NSW Community Services as ROSH families; that is,

families in which there is Risk of Significant Harm. The families within the ambit of CCG's are therefore 'non-ROSH families'¹.

1. Consenting Referrals

Families considered to be either Type 2 or Type 3 Families by CCG member agencies or by other sources must consent to being case managed by a case management team comprising service providing agencies selected through the relevant community CCG. For these families to become 'active referrals' consent from the family guardian(s) is a prerequisite.

The CCG Referral Form is included as Appendix 5 of this Report.

1. CCG Administration

Each of the five CCG's and IP's meets on either the second or third week of each month. Two NGO's have been contracted by NSW Community Services to provide secretariat and chair services to the meetings of the CCG's and IP's. These contracted NGO's function to coordinate and administer the monthly meetings of the CCG's. MacKillop Rural Community Services is contracted to administer and chair the CCG and IP meetings at Lightning Ridge, Walgett and Brewarrina. Mission Australia NSW is contracted to administer and chair the CCG and IP meetings at Bourke and Wilcannia.

The CCG and IP secretariat and chairpersons of both NGO's are Dubbo-based. However, if the Mission Australia chairperson located in Dubbo is unavailable for the Wilcannia meetings, a Broken Hill-based replacement chairperson takes on this role.

The contracted NGO's provide monthly reports of CCG meeting outcomes to NSW Community Services.

1. Terms of Reference for CCG

¹ Children, young persons and adults belonging to a Type 4 Family are, by statute, subjected to an investigative process. This process is undertaken by a Joint Investigation Response Team (a JIRT) within whose district the family resides. JIRT's comprise a NSW Police Officer, a NSW Community Services Officer and a NSW Health Officer. For each JIRT district, these three NSW government personnel are typically co-located in an office facility in a major town of the district. JIRT's investigative responses are not restricted to just Aboriginal families.

Children, young persons and adults belonging to either a Type 2 or a Type 3 Family are not subjected to a mandatory investigative process. Under the Safe Families Program these families could be invited to be case managed by Community Services, Health and other NSW government agencies and NGO's offering services relevant to the needs of the families; case management aimed at prevention of child sexual abuse.

Under the pre-RSDM version of the Safe Families Program, the JIRT model was modified to replace the Police Officer with an Aboriginal Affairs Officer. This Officer was then co-located with Community Services and Health personnel in a Safe Families Office facility established in each of the five targeted communities. This Stage 1 model of the Safe Families Program, as with the later RSDM, targeted only Aboriginal families residing in these communities.

The scope for CCG operations and the procedures to be followed are set out in a document termed 'Aboriginal Child and Family Case Coordinating Group: Terms of Reference'. This is a comprehensive document running to eight pages in length. The document illustrates the careful planning that went into the conceptualisation of CCG's within the RSDM.

This Terms of Reference document is included as Appendix 6 of this Report.

4.1.3.3 IP Operations

The IP's are responsible for implementing their LARG's Prevention Plan and to receive issues raised by IP members and community members. Before responding to issues not included in the Prevention Plan, IP's are expected to consult with their LARG before taking action. The CCG Chair may refer complaints about service delivery by a CCG-allocated service provider to the IP. Responses to urgent matters are coordinated by the relevant contracted NGO and unresolved local issues are referred to the Regional Aboriginal Child Sexual Assault Group (RACSAG) for resolution.

The contracted NGO's provide monthly reports of IP meeting outcomes to NSW Community Services.

This concludes the selected background RSDM context-setting information. Accounts of the operation of the RSDM in each of the five communities, as revealed through the community-based consultations, follow in the next section.

As with the LARG's and CCG's, the Safe Families Program IP's had clearly defined terms of reference. As an example, the terms of reference document for the Wilcannia IP is included as Appendix 7 of this Report.

4.2 Community Accounts of the RSDM of the Safe Families Program

Accounts of the RSDM of the Safe Families Program as experienced by actors involved in the implementation one or more of the three components of the Model in Aboriginal communities in Western and Far West NSW are presented in this section in chronological order; that is, in the order in which community consultations were conducted beginning with Wilcannia and concluding with Bourke.

Where appropriate issues associated with the implementation of the RSDM are included in these accounts. Also included are selected quotations from participants in the consultations. These quotations provide insights into the actual tenor of the information provided to the consultant. These quotations are in blue italic texts. No attribution is provided given the condition of anonymity agreed to at the time of audio recording interviews and focus groups.

4.2.1 A. Wilcannia Aboriginal Community and the Safe Families RSDM under the RSDM

In this account of the Safe Families Program in Wilcannia, reference is made initially to the experiences at Wilcannia that pre-date the introduction of the RSDM of the Program; that is, experiences associated with Stage 1 of the Program. These prior experiences are included because of their impact on aspects of the uptake of the later RSDM version of the Safe Families Program locally in Wilcannia.

4.2.1.1 Safe Families Program at Wilcannia pre-RSDM

Prior to the introduction of the Revised Services Delivery Model in 2012, there are claims, particularly by the NSW Community Services and Health workers involved, that Wilcannia was adequately serviced through the co-location model of the Safe Families Program. The Safe Families Program staff were drawn from Community Services, Health and Aboriginal Affairs and were all located together in a large renovated building in a central location in the town. The Community Services and Health staff adopted a preventative strategy with their activities within the Safe Families Program. This strategy, it is claimed, changed the behaviour of young people in the town and engaged parents in Safe Families education. However, this approach did not readily generate the statistics sought by the NSW government. Government accountability for the Program was in terms of the numbers of families being case managed as families at risk; that is families in which children and young people were deemed to be at risk of sexual harm.

“It was initially about providing empowerment to community, families and individuals in those families and having them at the table and saying ok what's working in your family and what's not working...”

The preventative strategy adopted by the local Aboriginal Affairs, Community Services and Health workers was essentially educative and awareness-raising with messages about child sexual abuse immersed within activities most likely to engage the participation of children and young people. Over time, as these educative activities proceeded, the Wilcannia ‘shop front’ of the Safe Families Program became a drop-in place for young people and for parents (mothers). The Safe Families personnel did not accumulate data relevant to their preventative data. As a result reporting back to Aboriginal Affairs was scant in nature.

The Local Aboriginal Reference Group (LARG) at Wilcannia has had a checkered history. At the beginning of the Safe Families Program up to ten local people volunteered to be involved. Aboriginal Affairs then vetted these volunteers through a paper-based application process involving probity checks. This process was, firstly, confronting to the older Aborigines concerned and secondly, was delayed for many months within the Aboriginal Affairs Department and further exacerbated by a change of personnel in the Community Engagement Officer position at Wilcannia. As a result the LARG at Wilcannia has essentially been relegated to the involvement of two Aboriginal women, both of whom currently work at the Wilcannia Hospital.

“So I don't know what they expected with it and you'll rarely find with Aboriginal people, people without a criminal record. I understand the child protection bit but these people are not actually working with the kids. And it's known quite well in a town if you are a paedophile, you're marked anyway. And so that (all the probity checks) turned a lot of people off being on the committee (the LARG), all the paper work that you have to go through. They have to be a bit lenient if they want good people on it.”

“People lost interest because it took too long, two years, three years, what are we in now, four years and it still isn't running to what it should be ... I'm not prepared to sit up and make decisions on the part of the community, no way.”

“The whole concept of the LARG if the community got together and it was working would be excellent... I can't understand how these other meetings (CCG and IP) are going ahead without the input of the LARG. It is well and truly disconnected...”

With the introduction of the RSDM, the Wilcannia Safe Families ‘shop front’ was closed. It is still a vacant building with a locked front door. With the

closing of the Safe Families Office, the Program itself has been ‘closed’ in the sense of being finished in the minds of the majority of the Wilcannia Aboriginal population. It has been deemed by the community to be one of those government programs that has ‘come and gone’. The RSDM version of the Safe Families Program is generally an unknown entity within the Aboriginal community of Wilcannia.

“If you went out to the community and asked them what is an IP, what is a CCG, they’d look at you dumbfounded. They would know what you are talking about, what they’re for or what they represent.”

(Perceived to be) “Another committee behind closed doors. Top secret.”

“The community wouldn’t know what the CCG and the IP was about”

4.2.1.2 Safe Families Program at Wilcannia under the RSDM

The three local level components of the RSDM as implemented in Wilcannia are considered in turn.

The Wilcannia LARG

The Wilcannia LARG has, in reality, had a minimal influence of the operations of the RSDM in the Wilcannia community. The LARG’s draft Prevention Plan was made available for the Wilcannia IP in December 2012. This Prevention Plan is included in this Report as Appendix 8.

However, concern was expressed as to the difficulties experienced by community people in being able to inform out-of-town agencies about the needs of families in Wilcannia.

“They don’t know what’s going on on the ground. They hear things and whatever but they don’t know what goes on. At least people living in the community know and if they don’t know well they’ll find out.”

The Wilcannia CCG

“It came from the idea that we had a number of clients that weren’t getting a service in Wilcannia, they might have had six agencies that might drop in for a visit, but it wasn’t a co-ordinated process, it wasn’t a structured process, the right hand didn’t know what the left hand was doing – half the time the parents didn’t know why the services were visiting them.”

The CCG membership at Wilcannia includes representatives of the two schools (Wilcannia Central School and St. Therese’s Mission School), Community Services, Health, Police and locally active NGO’s – Mission

Australia NSW and Save the Children. The CCG meetings are monthly and are chaired by the contracted NGO for Wilcannia, Mission Australia NSW. A Mission Australia NSW administrator, based in Dubbo, manages the meetings. Support for this secretariat work is available through Mission Australia NSW personnel based in Broken Hill.

“The NGO’S, Education and the police have embraced the new model.”

The CCG receives referrals from any of its member service providers (service agencies). These referrals are of families where children or young people are thought to be of risk of harm that could potentially lead to eventual sexual assault; that is, vulnerable families. There is a difference of opinion within the CCG membership over whether ROSH families should be referred to the CCG for case management discussions. Families in this category are required to be case managed by Community Services. As such, Community Services personnel on the CCG see ROSH families as being beyond the purview of the CCG. Other members of the CCG, particularly the Mission Australia representatives, take the position that these families should be discussed at CCG meetings as there may be additional support needed, support that the CCG member agencies could provide.

Once a family is referred to the CCG, the family is discussed at the monthly CCG meetings. These discussions focus on the likely services a particular family will require. From these discussions, a ‘lead’ agency is identified. Following the meeting the ‘lead’ agency makes an initial visit to the family and explains to the guardian(s) (parents, grandparents, other relatives) the particular concerns that have been brought to the agency’s attention and the services that are available to address these concerns if the guardian(s) consent to being case managed through an interagency approach. The family guardian(s) must then consent before being involved in a program of supportive services delivery. With consenting families, the ‘lead’ agency then coordinates the integrated package of services for the family and typically becomes a service provider to the family itself.

At subsequent CCG meetings, the ‘lead’ agency reports on the progress being made in the delivery of integrated services and the outcomes for the family.

The expressed purpose of this referral and follow-up process is the prevention of sexual harm for the children and young people in the families consenting to participate.

“Agency collaboration is a good one...the difficulty (has been) in the progression to the new model.”

At present, the Wilcannia CCG has five 'active' referrals and four 'pending' referrals.

The CCG has 'brokerage' funds to bring in specialist services not available through the CCG membership to add to the integrated services locally available to families. To date no specialist services have been contracted.

A view has been expressed that the families should be more involved with the workings of the CCG. It was thought that this would break down the 'them and us' perceptions in the community and strengthen the relationships between CCG members and family members.

"When you engage well and it's a reciprocal relationship they were telling us what they want."

"Bring the family in, see what the family's got to offer"

"There was a feeling that families needed to attend the CCG meeting which was counter to the model."

The Wilcannia IP

The meetings of the IP are chaired and administrated under the same arrangement as with the CCG meetings.

There is a sense that the IP functions to continue the preventative educative strategy of the pre-RSDM Safe Families Program. The IP focus is on early intervention. The Wilcannia IP identifies activities that will attract children, young people and other family members. Embedded within these activities are safe family messages through, for example, posters, stickers, wristbands and jumping castles. Attendance of young people at these Safe Families events has been good.

The early intervention focus of the Wilcannia IP is illustrated by the Brave Hearts training provided to adults through the local women's group in 2012 and the scheduling in this year a Brave Hearts program involving young people through the Wilcannia Central School.

LARG Preventative Plan still to be considered by the Wilcannia IP.

"IP to some degree is successful."

"The IP's activities enable agencies to establish relationships and build rapport with kids."

4.2.1.3 Safe Families Program in Wilcannia Post-RSDM

Given that funding for the prevention of child sexual assault under the Safe Families Program will cease after 30 June 2013, the assembled CCG and IP members at Wilcannia were asked if their agencies would continue with the structures of the CCG and IP drawing upon their agencies financial resources alone.

The NSW government personnel expressed the view that the finances agencies receive for their core business is sufficient to continue the Safe Families work within an integrated approach.

The response from the visiting agencies, however, was that they would not continue participating in a CCG or IP type arrangement.

The response from the representatives of the local Aboriginal agencies present was that the child sexual assault preventative work could be taken up by their organisations with a continuing emphasis on the interagency approach to address the needs of vulnerable families in their community.

“There’s a heap of other forums in town that could cover some of this stuff. There’s a coordinating group, an early childhood group, an Indigenous support of parenting group, there are other committees in town made up of service providers where you could slot some of these issues back into.”

4.2.2 B. Walgett Aboriginal Community and the Safe Families Program under the RSDM

4.2.2.1 Safe Families at Walgett under the RSDM

The three local level components of the RSDM as implemented in Walgett are considered in turn.

The Walgett LARG

The Walgett LARG completed its Prevention Plan in September 2012. This Prevention Plan is included in this Report as Appendix 9.

There was a shared impression amongst the Walgett LARG members that the Safe Families Program had finished when the Safe Families Office (the ‘shopfront’) was closed in Walgett in 2011. There was some confusion amongst the members when informed that the RSDM was in fact a continuation of the Safe Families Program. One member was aware of the interagency approach still happening. LARG members commented that

community people felt safer going to the Safe Families Office than to Community Services and Housing in Walgett with concerns over child abuse. LARG members routinely referred to NSW Community Services as DoCS. This reference is to the previous nomenclature of Community Services; that is, the Department of Community Services. The child protection services of NSW were located within DoCS and reports of suspected abuse or neglect of children or young people were made to this service within DoCS via the Child Protection Helpline. Community Services is now under the expanded NSW Department of Family and Community Services. Community Services continues the provision of the same services delivered when better known by Aboriginal communities as DoCS.

LARG members were unaware of the CCG family referral process under RSDM. The female members of Walgett LARG had seen a decrease in the number and variety of educative and awareness-raising programs since Safe Families 'shopfront' had closed. Only their breakfast club and homework centre had survived into the present. However, 'Girls' and Boys' Night Out events were coming up.

When families have a specific issue relevant to concerns about child sexual harm they spoke to the women on the LARG but these LARG members have not connected these concerned families to service agencies as they were unaware of the CCG referral process. When the referral process was explained to LARG members it was perceived by them as a 'behind closed doors' approach.

When the full RSDM was explained to the LARG members it was clear that they had been unaware of this. The consultant needed to explain the difference in the CCG referral process involving vulnerable and ROSH families. Upon this clarification the LARG members were concerned about how all this dealt with paedophiles returning to their community after completing their prison sentences.

The LARG supported the concept of a consenting vulnerable family, after involvement with an integrated team of service providers, agreeing to a community member they trusted joining the team to add local knowledge and support. Such a community member could be a relative, a LARG member, or another community member with the required background and knowledge.

One LARG member commented on workshops for boys and young men involved in the local rugby league club that focused on domestic violence. These workshops could readily accommodate awareness raising activities on the issues around sexual assault including child sexual assault.

The Walgett CCG

The Walgett CCG responds to family referrals according to specific criteria. Families must be non-ROSH: that is, vulnerable families. Referrals have come from the Walgett Central School, Mission Australia, Police and MacKillop.

Currently, three families are actively case managed through an integration of services and one family is being case managed by MacKillop alone with a focus on parenting.

The CCG has an established family referral protocol whereby the referring agency discusses firstly with the family whether or not they would agree to being referred to the CCG to be case managed by a team of service providers that could address their family's needs. An agency worker known to the family explains the benefits of referral. It is only if the families agrees that they are referred to the CCG. Under this protocol the 'lead' service agency is already working with the family.

The centrality of the contracted NGO, MacKillop Rural Community Services to the operation of the Walgett CCG was acknowledged.

"MacKillop has been the driving force."

Concern was expressed about the absence of Community Services and Housing from CCG meetings. The references about the involvement of the NGO's was more positive.

"A lot of the players won't sit around the table – in particular housing and DoCS...we are doing the very best we can...It will never work if you can't get the players around the table."

"The NGO's work really well together."

The Walgett IP

The Walgett IP has endorsed the LARG Prevention Plan. The IP activities were similar to those of the Wilcannia IP. A large banner 'Walgett Says No the Child Sex Assault' was unfurled at the Walgett IP meeting. This banner will be available for display at public events in Walgett including sporting events.

4.2.2.2 Safe Families in Walgett Post-RSDM

The Walgett LARG members, when considering a continuing presence of a coordinated approach in Walgett to meeting the needs of vulnerable families after 30 June 2013, thought integrated ways of working by service providers

should continue but with the integration and referral process being more open to the community with a return to a 'shop front' in Walgett. The continuing operation could make use of communication media already available such as the school newsletter.

"I can understand why people think it is finished."

The LARG should also continue but its membership revised to include representatives from the three Aboriginal communities in Walgett; that is, the Aboriginal communities of the Gingie Mission, the Namoi Mission and the Walgett township.

Further ideas included involving the Regional Lands Council more directly in child sexual abuse matters. This Council would be a supportive forum. It meets quarterly. Further to this suggestion, the Walgett LARG members thought that the revised LARG could be included in the Walgett Community Working Party (CWP) structure as a sub-group. The CWP is an active gathering of community members that have influence.

"Regional Land Council has 400 members with quarterly meetings... most of the representation comes from Community Working Party and Elders."

"If there is going to be any continuity it is (through) the LARG."

The consultative meeting with joint CCG/IP members were less positive than the LARG members about the possibility of the CCG and IP continuing after government funding ceased in June 2013. Points raised as responses to the suggestion that their agencies may be able to continue with a coordinated interagency approach to the prevention of child sexual abuse in Walgett funded from within their agencies own financial resources were:

- There has been a considerable cost associated with travel and accommodation to attend monthly CCG and IP meetings. Service agencies, in particular contracted NGO's, have been generous up to now in meeting these costs;

"We got 5,000 dollars to run the meeting which only just paid for our petrol and our accommodation, we got a huge 100,000 for brokerage to use for clients...not a lot has been spent because the services have been generous."

- The Walgett Central School supports the CCG continuing as there is no other structure or organisation in town that can do this coordinated work; that is, family referrals, establishing case managing teams of service providers and monitoring roles associated with integrated service provision to vulnerable families;

“I see how valuable this group is (as a teacher at Walgett School) with 240 students it is good to (know the other stake holders) – I will keep coming.”

“I think that there is a good chance that this (CCG) is going to die.”

“I have an issue with client rights of confidentiality.”

“Even if they have signed the consent form people might be horrified if (say) corrective services are sitting around the table.”

“Everything people do here is visible.”

- Perhaps a way forward would be to employ a vulnerable families case coordinator in the community with an office but then families would be unlikely go to such a person.

4.2.3 C. Lightning Ridge Aboriginal Community and the Safe Families Program under the RSDM

4.2.3.1 Safe Families at Lightning Ridge under the RSDM

The three local level components of the RSDM as implemented in Lightning Ridge are considered in turn.

The Lightning Ridge LARG

The Lightning Ridge LARG was established in the first year of the Safe Families Program initiative. The LARG completed its Prevention Plan in May 2012, the first to be completed in the five communities. This Prevention Plan is included in this Report as Appendix 10.

The LARG members stressed that the child sexual abuse problem is ‘out there’.

“The problem is out there and getting people to talk about it... it’s our biggest issue.”

The LARG members stressed the pressing need for families to be able to trust Community Services (referred to as DoCS consistently throughout the consultation) involvement in the Safe Families Program without risk of losing their children. One LARG member spoke of his own example of having his grandchildren taken by DoCS. LARG members spoke of significant numbers of children being removed from Aboriginal families in Walgett and Lightning Ridge by DoCS in 2008/2009 and then fostered out to non-Aboriginal families. This happened without prior community consultation. LARG members gave

harrowing stories of DoCS taking children away from Aboriginal families living on opal mining leases in the Lightning Ridge region, families that lived under the same conditions as non-Aboriginal families. Aboriginal families have had their children removed even though they presented their children regularly at school clean and well fed.

“Those children that were taken they never went to breakfast club...it was nothing wrong with the parenting they did go to the bore baths everyday they came to school with their lunch everyday it was the conditions in the camps.”

The LARG’s members spoke critically about the way Community Services respond to legitimate community concerns. It was claimed that there is a strong community impression that Community Services acts in an adhoc manner with respect to their responses to families in need. Consequently, LARG members and families are cautious about involving Community Services in matters to do with needy families.

“The worst part about it is the little ones are passed from pillar to post.”

“It’s building a trust without losing their kids. It’s all about communication.”

“Trust has to be earned too.”

“In one year 2008-2009 (Walgett and Lightning Ridge) 40 kids were removed...Aboriginal kids were not put into Aboriginal placement.”

“The fear is out there.”

They see the police as a bad person.”

But these current community concerns about losing their children to government authorities occurs against a backdrop of historical memories still vivid within the community today. A LARG member recounted his experiences as a boy avoiding government officials who had driven into his community to remove children.

“I hid in a tin shed and I use to look through a hole in the wall at the men and... their cars. It is still in the back of my mind.”

One LARG member is employed by the Australian Community Education College that offers a Certificate III in Children’s Services, an accredited training course suitable for people who wish to commence a career in early childhood. This LARG member delivers a module that covers the issues associated with child sexual abuse, ‘Identify and respond to children and young people at risk’. The Certificate course also includes electives with specific foci on Aboriginal families – ‘Support Aboriginal and/or Torres Strait

Islander families to participate in children's services' and 'Working effectively with Aboriginal and/or Torres Strait Islander people'. The course is delivered in Wilcannia, Brewarrina & Lightning Ridge with twenty three students at Wilcannia, ten at Brewarrina and ten at Lightning Ridge. All forty three students identified as having had personal experiences of sexual abuse, including a minority who identified as perpetrators. The power of this course to advance both awareness of child sexual assault and ways of dealing with this behaviour in families and in the community was endorsed by the LARG members present.

"In all of those students there was not one that was either a perpetrator or a victim of sexual assault."

"There definitely needs to be more education we have elders who have been perpetrators for three generations but they are sitting on committees because of who they are they have never been reported."

"There are perpetrators in every community that haven't been charged."

LARG members expressed great concern about the intergenerational nature of child sexual assault and domestic violence and the ever pressing need to 'break the cycle' through targeted preventative strategies involving children and young people.

"The problem is out there it is a matter of breaking into that."

"We need to be blunt when talking about this. We're past the point of treating children as innocents because we need to protect them."

"We didn't know it was wrong back then...now we know and there is no way we would put up with it."

LARG members applauded the continuing role of the women's safe house in Lightning Ridge and the important safety role this facility plays for distressed women and their at-risk children. An issue here was that boys over 14 years could not accompany their mothers into the safe house and may have nowhere to go if their mother seeks refuge. Faced with this dilemma, mothers may therefore stay at home with their violent partner.

"Aboriginal people push a lot onto the grandparents...its wrong the whole system"

The Lightning Ridge CCG

The Lightning Ridge CCG has met consistently (monthly) since the beginning of 2012 under the administration of MacKillop Rural Community Services. NGO's, including MacKillop, Mission Australia NSW and Yawarra Meamel

Women's Group Inc. (operates the Lightning Ridge Safe House and a child support unit) and NSW Police have been in regular attendance. NSW Community Services and Health have never attended.

The Lightning Ridge CCG has received no referrals over the period of the RSDM's implementation. CCG member agencies have providing services to three families in the community but all of these families have not consented to being referred to the CCG for integrated case management. Families do not see the need to go to this level of support expressing confidentiality concerns and worries about being compromised in the process. These families are concerned about losing their children through any increased level of contact with Community Services and other agencies given their lack of trust with Community Services.

"They thought that their confidentiality level would be exposed."

"I report (and despite this) sexual assault continues –"

"There is a child getting abused and there is nothing we can do about it because the little boy says nothing."

The CCG members advanced a number of additional possible factors for non-referrals at Lightning Ridge. These were:

- The previous Lightning Ridge Central School principal was unsupportive of the Safe Families Program and therefore no referrals to the CCG came via the school, potentially a significant agency in the initial identification of children at-risk and of vulnerable families;
- Unlike Walgett, which is essentially an Aboriginal community, Lightning Ridge is a highly multicultural community with a smaller Aboriginal population. Child sexual abuse is a serious concern across the whole community but the Safe Families Program targets only the Aboriginal families in Lightning Ridge. As a consequence, Aboriginal families may feel that through this Program they are being discriminated against yet again and so become resistant to the targeted services being offered.

"The Aboriginal community (in Lightning Ridge) is much more hidden."

"Because this was only for 'Aboriginal' (it was seen to be) about losing their children."

A.11 The Lightning Ridge IP

The LARG's Prevention Plan has guided the IP focus on early intervention through activities that encourage the participation of young people. Recent activities cited were a 'Blue Light' evening for young children that was

extremely well attended and touch football games. Safe Families messages are introduced during these activities through posters, stickers and information bags.

“Last night they had 86 kids for the blue light disco...they worked really well...that is where we’ve got to start.”

“Even the street kids would come to the disco’s and behave.”

4.2.3.2 Safe Families Program in Lightning Ridge Post-RSDM

When asked directly if the Lightning Ridge LARG would continue after June 2013, the LARG members thought this would be unlikely without leadership. The LARG noted that the new Child and Family Wellbeing Centre currently under construction in the town could be a location for both LARG meetings and the coordination of child sexual assault preventative activities in Lightning Ridge. Currently the LARG, CCG and IP meet in the Lightning Ridge District Bowling Club.

The consultant, in reference to the scope of the RSDM evaluation that included recommendations on the continuation of the RSDM structures within current agencies budgets, requested the joint LARG/CCG meeting members’ views on the following post-RSDM concept:

- The LARG continues within the structure of the Lightning Ridge Community Working Party and has responsibility for advancing community child sexual abuse awareness –related activities;
- Service providers intending to work with vulnerable families in Lightning Ridge sign an interagency service delivery Memorandum of Understanding; (MOU);
- Service providers then collaborate as case managers in case managing teams without the need for monthly (and costly) CCG meetings;
- Forums of LARG & service providers are held on a twice yearly basis to discuss their community educative and case management activities but with a strict focus on their own practices and not on families. The intention of these forums would be to develop improved interagency practices in service delivery and improved community awareness practices.

The meeting agreed that this could work, as the concept is similar to the informal ways everyone already works. Professional development was seen to be crucial as there is a need for more training on case management and coordination as currently “we don’t all work together”.

However, funding was still seen to be an issue, particularly by the contracted NGO, MacKillop Rural Community Services. The funding issue was linked to the need for leadership to coordinate the interagency work and the forums.

The LARG women members thought it important that any continuing Safe Families Program activities be linked to women's safe houses in Aboriginal communities, as these facilities are established and on-going. There was support for the linking of the LARG to the Lightning Ridge Community Working Party.

"As a group we know what's going on in the community."

"They (Safe Families agencies) came into town and hoped for the best but they didn't do any education."

"They want their own people in there because it does make a difference."

"Safe house has been dealing this for years and years' (but) Safe Houses are existing on limited resources and staff."

4.2.4 D. Brewarrina Aboriginal Community and the Safe Families Program under the RSDM

4.2.4.1 Safe Families Program at Brewarrina under the RSDM

As with the above community accounts the three local level components of the RSDM, as implemented in Brewarrina, are considered in turn.

The Brewarrina LARG

The chairperson of the Brewarrina LARG is also the chairperson of the Brewarrina Community Working Party. The consultant met with the chair and two other members of the LARG, the remaining two members were apologies.

LARG members' comments on the pre-RSDM version of the Safe Families Program were that the community was not involved due to the lack of community input at the outset. Community was scared of the Program. A strong view was that the Program was a vehicle for DoCS to 'take our kids away'. In addition, the Aboriginal Affairs Community Engagement Officer appointed to the Brewarrina Safe Families Office was ineffectual in promoting the Program.

"They never consulted with the community and things like that (Safe Families Program) don't work without community consultation."

"Putting DoCS workers in the original Safe Families wiped it."

"Straight away it was DoCS coming to take our kids so we won't come near it."

“When Safe Families Program began it was seen as the intervention at the beginning.”

However, the LARG members’ comments on the RSDM were more positive. Over the limited time the new model has been in place the Safe Families Program has been very rewarding and needs to continue. Training provided by Brave Hearts was very informative for the community members that participated.

“I found it very rewarding I got so much out of it and I think it needs to continue on...”

The LARG members were of the view that the Safe Families Program needs to continue, as it will deliver better results over time.

“It should be continued on but it’s going to take time it needs at least five years that’s if we’re fare dinkum about getting results.”

“Time is needed to address such a sensitive issue in the community.”

In Brewarrina the Community Working Party (CWP) plays a major role in programs being delivered to the community. CWP has the potential to become the “way in – way out” for service providers, a portal into the community and an epicentre for information about the community. The key issue experienced by the Brewarrina community is that as different agencies come into the town, both community engagement with them and their engagement with the community is unclear.

“Fly in fly outs are useless...you’ll be accepted if you stay.”

There needs to be a better engagement process that is inclusive of all groups in the community (traditional and non-traditional people), inclusive of the dynamics of the community and based on true community representation.

“It is important to get the foundations right for this form of engagement and the CWP is the place for this engagement setup.”

“CWP understands the community’s needs and the appropriate protocols for addressing these.”

LARG members stressed that the NSW Government may not understand this approach but, for example, the cycle of child sexual abuse has not been broken under the old engagement approach; that is under Stage 1 of the Safe Families Program. Under RSDM version of the Safe Families Program the LARG’s Prevention Plan, which was completed in November 2012, was endorsed by the CWP and the LARG reports back to the CWP on progress. In

this way the LARG is able to interact with and through the other portfolios of the Brewarrina CWP. This Prevention Plan is included in this Report as Appendix 11.

“We’re trying to strength the Working Party... a one stop shop.”

“It (the CWP) is true representation of Brewarrina...it understands all the dynamics of our cultural history and the community.”

The LARG members strongly endorsed the work of the Brewarrina CCG and IP.

“The CCG and IP work, not an issue.”

“This is the only place that we have a lot of agencies involved.”

“In the short time there have been a few (referrals)...the school has identified a couple of families and its going great.”

“They have to be confident that their confidentiality is not going to be breached.”

“It’s not going to happen overnight they are very suspicious of government.”

The CCG and the IP have an open process with the issue of child sexual abuse on the table.

“Tells it the way it is but needs more time to achieve the goals of Safe Families.”

“We need that open discussion put the cards on the table and tell it the way it is.”

“We have problems that we need to address.”

The Brewarrina CCG

The consultant met with Brewarrina CCG and IP members to discuss the effectiveness of the RSDM as experienced by the service providers to Brewarrina vulnerable Aboriginal families.

“It’s about whose sitting around the table and we’ve had some successes but very small number of successes. I would still question whether this is the best way unless you have every agency committed every month.”

Family referrals to the CCG have all been recent and all have come from the Brewarrina Central School. There are currently nine active referrals. The

school has identified a further family as being in the vulnerable category, but the guardians have not consented to being referred to the CCG.

“All our referrals came from the school.”

“There are nine consenting families with the school the initiating agency.”

The Brewarrina Central School has been included in the NSW Education & Communities ‘Connected Communities’ strategy². Under this strategy Executive Principal positions have been created so that incumbents can lead and co-ordinate existing programs run by other government agencies, non-government organisations and communities themselves as these involve the school and its pupils.

The relieving Executive Principal at Brewarrina Central School was attending the Brewarrina CCG meeting in April for the first time and contributed to the RSDM evaluation consultation. He noted that he had identified forty six agencies currently working with his school.

“I’m the first of the Executive Principals the brief is that I act as a coordinator of programs that relate to the students in the school...the RSDM findings I will see it to be central to the way I operate, with 97/98% Aboriginal children in the school.”

“After one term as a Principal... there are bewildering numbers of agencies who visit, mainly NGO’s and they don’t do much.”

Concern was expressed about the relative absences of key government agencies from the Brewarrina CCG meetings over the past twelve months.

“Health and community services has been intermittent...we’ve never had police here we’ve never had housing.”

“We’ve had housing issues here and we’ve got nowhere to take it.”

A further concern was over the dynamics of case management involving several agencies working with a single family. It was clear that training in this area was required including clarification of the role of the lead agency in such an interagency group.

² Connected Communities is a strategy to drive improved educational outcomes for Aboriginal children and young people. The strategy positions schools as community hubs that broaden the influence of the community and school leadership in the delivery of key services that support children and young people from birth through school into further training, study and employment. The Executive Principal will work in partnership with the local Aboriginal Education Consultative Group and the local community to achieve the key accountabilities of the role (<https://www.det.nsw.edu.au/jobs/JobApp?Command=DisplayPublic&DocumentID=12008756>, accessed 19 April, 2013).

“We haven’t been good at lead agency stuff...there’ve got to go out and do what we think is the right thing to do.”

“The CCG (is expected to act as) as the lead agency.”

There was consensus amongst the CCG members present that, in the local face-to-face situations with family members, the service delivery work must be relational and responsive to each family’s context. Family trust in the service providers was essential for the RSDM to succeed.

The Brewarrina IP

The Brewarrina IP is active in rolling out a range of activities that engage children and young people in child sexual abuse educative messaging. As with the Walgett IP a large banner ‘Brewarrina Says No the Child Sex Assault’ was unfurled at the Brewarrina IP meeting. It is intended to display this banner is intended at public and sporting events in Brewarrina.

Of the available brokerage funding available to the CCG and IP at Brewarrina under the RSDM, little has been spent by the CCG, though the brokerage funds for IP activities have been largely spent.

“The banner to be used at the football matches, bumper stickers, coasters, sample bags (which) must go to adults they are not for children.”

4.2.4.2 Safe Families Program in Brewarrina Post-RSDM

The Brewarrina LARG expressed the following views. For them, proper engagement was critical and the LARG wants a partnership model. While emphasis was placed on an appropriate engagement process LARG members recognised that it will take time to move from the current situation where service agencies’ business in the community is very adhoc.

“Don’t come with your pilot programs for 12 months and expect results.”

“We need to make government accountable.”

“It is the “elephant in the room”. Was there a commitment by the government...I’m not sure.”

The appropriate ‘engagement process’ concept as envisaged by the Brewarrina LARG members involves government & non-government service providers connecting with the Brewarrina CWP in the first instance and then, before being directly involved with community members, families or other groups, being informed, for example, of the local community dynamics,

cultural protocols to be followed and appropriate ways to interact with Aboriginal people. The CWP is not interested in interfering with the core business of the agencies as such but wants to be informed and wants to inform. However, the CWP, through this engagement strategy, wants to hold service providers accountable and to see positive outcomes from their work in the town.

“We will support them doing their core business but then hold them accountable.”

The Brewarrina CWP has a five year strategic plan. The key areas are Health, Education, Youth and Economics. The continuing work of Safe Families under the RSDM would be linked to this strategy plan.

The Brewarrina CCG and IP members gave general support for the idea of agencies working through the CWP as described by the LARG recognising that the CWP was not a CCG and would not have a ‘power of veto’ (Community Services representative point of clarification).

However, the Brewarrina CCG and IP members saw a continuing need for some coordinating and administrating group or persons to support the functioning of interagency case management. The CCG and IP members in conjunction with this continuing coordinating expectation thought that travel and accommodation costs associated with these coordinating meetings would need to be met if this arrangement was to continue beyond June 2013.

The IP at Brewarrina has been important for strategic thinking about the roll out of community educative and awareness raising activities. This should not be lost after funding ceases at the end of June 2013.

“This LARG has owned the plan and actioned it.”

4.2.5 E Bourke Aboriginal Community and the Safe Families Program under the RSDM

4.2.5.1 Safe Families Program at Bourke under the RSDM

As with the above community accounts the three local level components of the RSDM, as implemented in Bourke, are considered in turn.

The Bourke LARG

The consultant interviewed the two members of the Bourke LARG separately. Both are senior women in the Bourke community. One is an active member of each of the three components of the RSDM of the Safe Families Program, the

LARG, the CCG and the IP. She is also the Manager of the Bourke Safe House.

The other member of the LARG is an Ngemba Elder who works at the Bourke Family Support Respite Centre offering respite for families with young people with disabilities. She has extensive involvement in other local and regional organisations including the Bourke CWP.

A view was expressed that if the initial model of the Safe Families Program been allowed to operate in Bourke for more years then the Program would have begun to achieve good outcomes.

“Had it gone for longer we would have got somewhere.”

The LARG completed its Preventative Plan in September 2012. The Plan will be tabled at the next meeting of the Bourke CWP for endorsement.

Both women see the LARG as a core group in the implementation of the RSDM. The Bourke Prevention Plan was completed in October 2012. The uptake of LARG’s Prevention Plan by the IP is very achievable and the CCG and IP members are very supportive. This Prevention Plan is included in this Report as Appendix 12.

The RSDM version of the Safe Families Program has been implemented smoothly in Bourke. LARG members are able to explain to the IP what the community wants, when and where;

A member of the Bourke Safe House staff has been dedicated to work on the IP activities arising from the IP and the LARG’s Preventative Plan.

“The Safe House would go to the CCG, get involved in all the different arms.”

As a LARG member, and as a member of the CCG and IP, other people on the CCG and IP are aware where the Safe House Manager is coming from; not only from the Safe House but from the Bourke Aboriginal community as well. She is able to connect family violence to issues of sexual assault involving children, young people and adults.

“The Safe House would go to the CCG, get involved in all the different arms.”

“The main reason that we have a Safe House is a crisis accommodation service (providing) resources on child sexual assault and domestic violence.”

“Sexual assault is part of domestic violence... there is no way you can separate that.”

The LARG members believe that frank and to-the-point CCG discussions are necessary. As an Aboriginal member of the CCG, the Safe House Manager has no issues with CCG members talking from their agency’s perspective and knowledge about referred families now that the CCG has established protocols for these discussions. Family confidentiality is secured through the use of codes, for example. The core business of the Safe Families Program is addressing child sexual assault. This needs to be spoken about clearly.

“We call a spade a spade’ Child sexual assault is child sexual assault. That’s the language we want to get out.”

“CCG and IP providing support for children to stay at school is absolutely wonderful...it is working really really well.”

The Bourke CCG

The Bourke CCG is administered and chaired by the contracted NGO, Mission Australia NSW. The government and non-government agencies working with vulnerable families in Bourke are well represented on the CCG and these agencies attend CCG meetings regularly.

The case management process implemented through the CCG has interagency responses at its core and this is working well. The effective factors have been:

- Utilising a range of services by identifying the best services for the needs of a family;
- Developing a case plan that includes the goals to be achieved, the tasks to be undertaken to achieve these goals and an assessment of outcomes;
- Progressive feedback to CCG; and then,
- Organise and undertake a case review by the lead agency in a private space with the family.

For example, the Bourke Public School and the Bourke High School have been involved in this approach, actively referring vulnerable families to the CCG. As a consequence of the CCG connection, the schools have a better relationship with the JIRT based in Bourke. The Bourke JIRT has also referred a child to the Bourke CCG for case management post-investigation.

The CCG meeting attendees have knowledge of the families from their own observations and this knowledge is fed back into the CCG discussions about referrals. The agency that makes the initial contact with a family deemed to be vulnerable is the one identified by the CCG as having the best rapport with

that family. If the family consents to being referred and then case managed the services are provided accordingly, typically with two agencies at the start. The case management team reports back to the CCG on progress. These reports are recorded in the minutes. Additional agencies may be added to the team as the family consents.

The CCG has referrals involving two groups of young people; a girls' group (Pakas) and a boys' group (The Yobs). There are seven individuals in each group. The Police Liaison Officer of the Bourke Police Station initiated the Girls' group. The Police Liaison Officer brought the group into the ambit of the Bourke CCG. Group activities such as 'Girls' Night Out' and other social events have been organised. As trusting relationships develop, the girls reveal concerns that they have of sexual harm. From these revelations the CCG has identified the needs of each girl and, upon consent being provided by the girls' families, support services are provided. Families provided consent for their young person's involvement through a signed consent form. The Bourke High School is involved in this innovative approach that connects the activities of the IP directly to the case management work of the CCG.

"The great outcome was there were things that the girls brought up which were dealt with..."

"The community is moving on with this themselves..."

In addition to the two young persons' groups, the Bourke CCG has four families being actively case managed and two families for whom the CCG is awaiting consent. Referrals have come from Community Services, JIRT, Centacare and Police Citizens Youth Council (PCYC).

The Bourke CCG's RSDM brokerage funds are available for specialist services but, to date, only limited funds have been expended.

Other Commentary on the Operations of the Bourke CCG by individual members of the CCG

1. A perspective from a government agency manager

A perspective on Bourke CCG by a government agency manager was that the CCG is very active with more agencies involved than elsewhere. It has been important to have the involvement of the Police and Community Services. The Police have been active contributors to vulnerable family deliberations by the Bourke CCG.

The processes implemented by Mission Australia NSW at Bourke is clearer, more streamlined than these appear to be elsewhere.

The RSDM of the Safe Families Program has enabled enhanced communication between government agencies and NGO's.

“Safe Families provides a common reason to do this.”

Case management of vulnerable families under the Safe Families Program involving government agencies can come up against government departments' strict guidelines for client eligibility. This can be an issue for caseworkers. More flexibility should be tolerated as these situations arise within a case management context.

“We could be more flexible in our case management responses.”

2. A perspective from a local NGO program manager

A local NGO program manager commented that the Bourke CCG meetings were well structured and flowed well. The meetings were efficient and professional. Strict confidentiality was adhered to “so you can have your say”.

This NGO program manager has attempted to refer a family to the Bourke CCG but the family did not consent. She has not been involved in case management under the RSDM as yet.

“Safe Families as I've experienced it over the past six months has made an impact in Bourke.”

“We now need to focus our energies and work together on supporting at-risk families.”

3. A perspective from the Police Office of the Bourke JIRT³

³ Joint Investigation Response Teams (JIRTs) are made up of Community Services, NSW Police and NSW Health professionals who undertake joint investigation of child protection matters.

Joint investigations link the risk assessment and protective interventions of Community Services with the criminal investigation conducted by Police.

Community Services and Police have an equal partnership and share responsibility for the operation of JIRTs. The Community Services component of JIRT operates from 23 sites. Community Services is co-located with Police at 11 sites, there are six non co-located sites and there are six JIRT trained staff attached to regional/remote locations.

NSW Department of Health provides medical examination, counselling and therapeutic services to children or young people and their non-offending parents or carers, when required.

By working together as a JIRT, Community Services, Police and Health officers provide a more effective investigative process and better understand each agency's role so the best outcome for the child or young person is achieved (www.community.nsw.gov.au > ... > child protection services).

JIRT's are based in Bourke and Broken Hill. At Bourke the three agencies (Police, Community Services and Health) are co-located. The Bourke JIRT covers the communities of Lightning Ridge, Walgett, Brewarrina and Bourke. Wilcannia is covered by the Broken Hill JIRT.

The Police Officer attends the Bourke CCG on behalf of the local police. She sees this as a way of networking and of referring children. She also attends IP functions.

There can be a link between the investigative work of the JIRT and the CCG under the RSDM. The Police Officer provided an example of a child that came to the attention of the JIRT being referred to the Bourke CCG. The child has to date been positively case managed through an integrated team set up by the CCG.

An issue for the Safe Families Program RSDM is the lack of local Community Services trained workers in Bourke.

The Bourke IP

The LARG members saw positive results from the Bourke IP activities in the past twelve months with the awareness raising activities of the LARG and IP.

“A lot more people want to speak out now.”

There has been training of local people about child neglect, family violence, sexual assault and health and this has had an impact. Thirty five community members have undertaken accredited training through the delivery of the Certificate III in Aboriginal Health in Bourke. This Certificate covers the above four topics.

“We now have more people wanting to enrol.”

This course is delivered through National Association for Loss & Grief (NSW) Inc. (NALAG) base in Dubbo and The Education Centre Against Violence (ECAV), NSW Health.

“In the last couple of years with 35 people coming through it makes my job easier no one wanted to take on domestic violence and child sexual assault.”

Over 100 people participated in 'white ribbons' and 'swearing the oath' events in the town. At the end of last year there was a mail-out to families with 'Bourke says No to Child Sex Abuse' material.

“We’ve done 1500 mail outs ‘Bourke says No to Child Sexual Assault.’”

Others have endorsed the work of the Bourke IP. For example, from the IP meetings both government & NGO agencies have assisted with resourcing the awareness raising activities; an example being when a Centacare worker and other IP members ran a puppet show with young children using puppets provided by the child psychologist from the Western Local Health District.

There has been flexibility in thinking about combating child sexual abuse through the RSDM and especially so with the IP. The two-pronged approach has been to support vulnerable families but also to support the community through raising awareness about child sexual abuse.

4.2.5.2 Safe Families Program in Bourke Post-RSDM

The LARG perspective

The LARG members commented separately on the potential for a continuation of the Safe Families programmatic work after June 2013. The points raised were as follows:

- The LARG could continue its preventative work. Bourke has a Child and Family Reference Group that has a seat on the CWP. The LARG could be similarly represented on the CWP;
- The Bourke CCG has been good for Bourke as all case managing agencies are in the one place. But without the funding to support the CCG meetings, the fear is that the agencies will return to the previous fragmented approach to servicing vulnerable families’ needs;
- A network is now in place for all the agencies active in family case management through the CCG. This should enable these agencies to continue their team approach to case management and the delivery of services;
- Not sure though how new agencies would be included in these networks without a CCG as the coordinators of the CCG (Mission Australia’s Safe Families Program administrator and CEO) have been important under the RSDM. They keep the other agencies connected through the CCG meetings by sending out emails as reminders of meeting dates and times, preparing meeting agendas and writing up minutes of meetings.

“Child and Family Services (Family and Community Services) could put the issue of child sexual assault to the back burner. LARG deals solely with the issue of child sexual assault.”

“It would be sad to see them go (CCG and IP) it would definitely be a big loss...it might have had its bumps to get to... something good.”

The CCG and IP perspective

Members of the Bourke CCG and IP offered comments on the potential for a continuation of support for vulnerable Aboriginal families within their agencies own budgets and structures. It was recognised that the CCG and IP were, together, a vibrant group but the question now is ‘what next’?

“Everyone is on the same page identifying the best service for the family ...identifying tasks goals and outcomes.”

“End of June is the end of the money but not the program.”

“Need someone to convene meetings otherwise things breakdown.”

“Integrated case management has to continue in some form.”

“This (an agency coordinating the CCG meetings) needs to be maintained as otherwise agencies will drift back to their ‘old ways.’”

Reference was made to the excellent support provided by Dubbo-based Mission Australia NSW CCG administrator to the administration and smooth operations of the CCG and IP under the RSDM.

Possible actions suggested that may maintain the interagency way of case managing vulnerable families were;

- Need clarity at the ‘level’ (in town/out of town) of coordinating interagency meetings. Perhaps some agency located in the community could take up this role.
- Resourcing the administration of coordinating meetings by each participating agency on a three month rotational basis. For example, the school could volunteer to do this using one of its administrative staff. But under this arrangement family confidentiality could not be secured. This suggestion needs to be thought through. Family names connected to codes need to be protected and not be available to locally-based revised CCG administration staff;
- Mission Australia NSW CCG administrator has templates that could be passed onto those agencies continuing the administration of the CCG model;
- Meetings need to be held in a central location in Bourke. This location could be in Community Services Offices or where Bourke CCG currently meets; that is, the meeting room in the Bourke Aboriginal Intensive Family Based Services building;
- Case management and referral protocols are in place and would continue under a new arrangement for interagency case management. Organisations not involved in family-oriented service delivery would be

ineligible as potential case management team members of a revised CCG membership.

- Perhaps agencies would be willing to work under an 'interagency agreement'.

5 Analysis of the Operations and Outcome of the RSDM of the Safe Families Program based on the Community Consultations

From the accounts of the operations of the three key components of the RSDM derived from the community-based consultations in the five Aboriginal communities in NSW, key factors associated with Local Aboriginal Reference Groups (LARG's), Case Coordinating Groups (CCG's) and Issues Panels (IP's) have been identified. Each of these key factors is listed below with clarifying paragraph(s) based on input to the evaluative consultations.

5.1 Key Factors Associated with the Operations of LARG's

5.1.1 Key Factors arising from the Operation of the Wilcannia LARG

1. Lack of authentic community consultation

The LARG has never met as an extended group. Meetings have involved only two women working locally in the Health area. These meetings have been in recent months to develop a Prevention Plan. Government agencies that come into the community can be ill-informed about the community. It is important to engage people in the community who know what is happening with families or if they do not know, then they can readily find out

2. Screening process of volunteers for LARG membership

It is understandable that there must be checks on membership of the LARG. But in Wilcannia a number of the volunteers had already had the 'Working with Children' checks because of their local employment but they still were required to undergo the full set of checks, a full screening. In addition, it is common for senior Aboriginal community members to have a police record and, these checks could be seen as overly intrusive as LARG members are not working directly with children. In small communities paedophiles are known anyway. The probity checking process needs to be more culturally sensitive and less bureaucratic.

5.1.2 Key Factors arising from the Operation of the Walgett LARG

1. RSDM programmatic invisibility in the community

It is a concern that community members who have been contributors to the Preventative Plan are so ill-informed of the full operational detail of the RSDM. This observation leads to a questioning about the awareness in the general community of the continuation of the Safe Families Program under the new deliver model and, as a corollary, the level of impact the preventative child sexual assault elements of the Model.

2. The addition of community members to families' case management teams

The question of involving trusted and contributing Aboriginal community members known to a consenting family's case management team of professional service providers raises a number of issues both positive and negative. Firstly, such an addition would bring another supportive member to the table who could advise the other team members on appropriate ways to proceed with the family. Secondly, such a person could offer more continuous on-the-ground support and advice between visits from the other caseworkers. A criticism of this approach to family case management would be the heightened potential for a confidentiality breach.

5.1.3 Key Factors arising from the Operation of the Lightning Ridge LARG

1. Dealing with the recent history of child removals

The LARG members while strongly supportive of programs attempting to break the intergenerational cycle of child sexual abuse were, at the same time, conflicted due to the ever present, in their minds and in the minds of their community members, memories of child removal by government authorities. Any successful 'breaking the cycle' program(s) must be cognisant of this dilemma Aboriginal people experience, a dilemma experienced by even the most committed advocates for these programs.

2. The perceived unpredictability of Community Services in the lives of Aboriginal families

It is a concern when vulnerable Aboriginal families have a fearful attitude towards Community Services based on their reading of past decisions affecting their relatives and others in the Aboriginal community, readings that lead to a portrayal of themselves, and Aboriginal families in general, as victims of government policies interpreted by local or visiting Community

Service personnel in an adhoc and subjective manner.

3. Building trust with agencies

This issue is intimately related to the two issues above. From the experience of the LARG members in Lightning Ridge, programs aiming at breaking the intergenerational cycle of child sexual abuse must devote considerable time in building trusting relationships between community members and service agency workers. For this form of relationship building to occur workers must be appropriately prepared to become culturally competent, a sufficient time horizon must be built into the program from the outset and agency workers need to be locally based and trained professionals.

4. Impact of credentialing local Aboriginal adults about family wellbeing and health

The Lightning Ridge LARG acknowledged the power of Vocational Education and Training courses on family wellbeing and health to advance both awareness of child sexual assault and ways of dealing with behaviours correlating with sexual abuse in families and in the community.

5.1.4 Key Factors arising from the Operation of the Brewarrina LARG

1. Locating the LARG within a more representative community organisation

The Brewarrina LARG, in raising the broader issue of appropriate community engagement processes by government and non-government agencies, were of the view that Safe Families LARG's needed to be more closely connected to the major representative association in their communities. For these LARG members this association was the Community Working Parties (CWP's). With the LARG holding a child sexual abuse portfolio within its community's CWP, the Group would be in a stronger position to facilitate an engagement process that would align the LARG in a closer partnership arrangement with service agencies seeking to address the needs of vulnerable families.

2. Impact of raising awareness of Child sexual abuse in the Aboriginal community through structured training programs

LARG and other community members found the training program delivered by Brave Hearts to be effective in providing adults with strategies for combating child sexual abuse in their community and for addressing behaviours that could lead to such abuse.

5.1.5 Key Factors arising from the Operation of the Bourke LARG

1. Importance of connecting domestic violence with child sexual assault

The Bourke LARG highlighted the relevance of community Safe Houses to programs that aim to break the intergenerational cycle of child sexual abuse. This connection needs to be built into the work of these programs and attention needs to be paid to the correlation between family violence and families vulnerable to child and young person sexual assault.

2. The importance of clear messaging about child sexual abuse

LARG members stressed the importance of clear messaging in the Aboriginal communities about the unacceptability of child and young person sexual abuse. In this sphere there is no place for ambiguous language. The language used with children, young people and adults must be in plain language that everyone understands and direct, no matter how uncomfortable some people may feel.

5.2 Key Factors Associated with the Operations of CCG's

5.2.1 Key Factors arising from the Operation of the Wilcannia CCG

1. Conflicting perceptions between Government and Non-government agency personnel

The Community Services and Health personnel who were prominent actors in the Stage 1 implementation of the Safe Families Program, while expressing the view that the RSDM is potentially a quality approach to the prevention of child sexual abuse, thought that the agencies through the CCG had brought into the RSDM a bureaucratic culture. This had occurred to the cost of a more informal approach that is necessary for building relationships between the agencies' local workers and community members.

Mission Australia NSW personnel also expressed the view that the RSDM was potentially worthwhile but the CCG had experienced difficulties as a result of vocal criticisms from government agency representatives, criticisms based on negative comparisons with the pre-RSDM version of the Safe Families Program as implemented in Wilcannia.

Wilcannia-based Save the Children representative on the Wilcannia CCG was positive about the CCG operations and outcomes. This NGO has made several family referrals, and her experience was that the referred family discussions at the CCG meetings were always professionally conducted;

2. Lead agency expectation

The contracted NGO, Mission Australia NSW, has concerns that it is expected by NSW Community Services and NSW Health to take on the 'lead' agency role even though they may not have been the referring agency. Under this expectation it is the Mission Australia staff that would be responsible for the initial family visit after the referral discussion by the CCG. This often means that the guardians of the referred family do not know the person making the first call on the family to explain that there are concerns that the family's children and/or young persons may be potentially at risk of sexual assault.

A suggested solution to this issue was for the referring agency worker, who is presumably known to the family, to make the initial visit after the referral discussion by the CCG. However, this solution is not problem-free. In small communities such as Wilcannia, local agency workers concerned enough to lodge a referral to the CCG may be reluctant to be directly approach the family at this 'first call' stage. There are concerns that this could result in unpleasant inter-family tensions involving the local agency worker, particularly so if this worker is a member of the Wilcannia Aboriginal community.

3. Excessive detail in discussions of Aboriginal families

This issue relates to the level of detail about families that is pursued during referral and post-referral discussions by the assembled agency representatives. Aboriginal members of the CCG (a significant minority) express concerns that these discussions go well beyond what is necessary for relevant details and can verge on voyeurism and gossip. The contracted NGO personnel take the view that these discussions are always conducted in a professional manner and are at the necessary level of detail for deciding on full services delivery responses. There was, however, agreement that the protocols to guide discussions of families needed clarification.

4. Aboriginal family discussions behind closed doors

This issue refers to the lack of knowledge, under the RSDM; the Wilcannia Aboriginal population has about the monthly discussions by the CCG membership about their family business. This third issue was raised by the Aboriginal members of the CCG and the IP.

5. High levels of apologies from Aboriginal CCG members

Non-Aboriginal members of the CCG and IP noted that those Aboriginal people who are eligible to be members of the Wilcannia CCG and IP frequently lodge apologies or simply do not attend the monthly meetings. The

accepted reason for this frequency of non-attendance was that the Aboriginal members have a daunting meetings schedule each month and frequently have clashes of meetings. The non-Aboriginal CCG and IP members did not take up for consideration an alternative reason, proffered by the consultant, that this level of non-attendance by Aboriginal members could be an indicator of an inappropriate cultural flavour to CCG discussions about Aboriginal families.

6. Aboriginal community involvement in CCG deliberations

The further issue is the more general concern expressed by Aboriginal members of the CCG that the RSDM was a top-down approach driven by government and non-government agencies without adequate Aboriginal community input. The community is unaware of the existence of the Safe Families Program under the new RSDM of the Program and, it is claimed by Aboriginal informants to the consultations, would be rightly concerned that all this referral and follow-up process was occurring without the communities' engagement, participation and ownership.

This concern was countered by a dominant view of CCG members that it would not be possible for the CCG to function if non-case managing community members were present at the meetings. This countering view was expressed in terms of possible breaches of confidentiality if community representatives were privy to CCG deliberations.

5.2.2 Key Factors arising from the Operation of the Walgett CCG

1. Imbalance of Government and Non-government agencies

The contracted NGO, MacKillop Rural Community Services CEO expressed concern that the NSW government departments of Community Services and Housing would not attend CCG meetings despite consistent efforts by the Chair. Health has not been involved locally even though Walgett Aboriginal Medical Service is the second largest employer in the town. The Mental Health representative present at the consultation was at her first CCG meeting.

2. Community concerns over a Safe Families Program hidden agenda

The Safe Families Program was seen by many community members as the 'intervention' by another name. Aboriginal community members were fearful of participating in the Program under a concern that they would be exposing their family to 'DoCS' and thereby heightening the risk that their children would be removed and fostered out beyond the town. The fifteen months the

Safe Families Program has functioned under the RSDM has not been long enough to change this image of the program. CCG members recognised that the service agencies need to establish trust and to build rapport with families.

“It was seen as the ‘intervention’, people were not having anything to do with it, and eighteen month’s is not very long to change a project.”

3. Families consenting to be case managed without full knowledge of the CCG

There was a concern raised at the CCG consultation that when families consent to being case managed as a vulnerable family the guardian(s) may not have a full understanding of the role of the CCG and of its monthly deliberations, now involving their family.

“We’ve tried to drop the ‘Safe Families’ tag...and work around child sexual assault, we all know it is a problem but it is a silent problem...”

4. Competent integrated case management

The issue of competent integrated case management of families was raised by the NGO’s present at the CCG consultation. The views expressed were that NGO’s work well together in an integrated manner, but there are difficulties working in this way with government agencies. Further it was noted that there are too many agency people visiting from out of town but that unskilled local staff do not understand case management or case coordination. There needs to be additional professional development for locally-based agency workers on integrated case management.

“A lot of people don’t understand case management and they certainly don’t understand case coordination...they don’t understand what a lead agency is.”

“You have to do a lot of foot work.”

5.2.3 Key Factors arising from the Operation of the Lightning Ridge CCG

1. Imbalance between government and non-government agencies

Lightning Ridge CCG found itself in a situation where three of the most significant government agencies did not attend its meetings – Community Services, Health and Education. This imbalance diminished the level of advice the CCG received about vulnerable families in the community, a diminution that is, perhaps, reflected in the complete lack of family referrals to the CCG.

2. The importance of a supportive school principal in the community

This issue or observation is closely linked to the above issue. Without a supportive school principal a CCG is divorced from the very agency in the town that has, potentially, daily contact with the children of vulnerable families. The advice and information sharing by senior school personnel at the monthly CCG meetings would appear to be a prerequisite for an active CCG under the RSDM of the Safe Families Program.

3. The perception that Aboriginal families are being discriminated against

This is a sensitive issue for CCG's in general and must be handled accordingly with the introduction of programs aiming at breaking the intergenerational cycle of child sexual abuse in Aboriginal families. Programs may be introduced by governments into Aboriginal communities with the best of intentions, intentions such as those underpinning the national *Closing the Gap* initiative. Likewise the intentions of the Safe Families Program are beyond reproach. But without the programs being grounded within each community with an authentic sense of community ownership (we are all in this together), perceptions of mistrust can be fuelled through a misreading of legitimate concerns for wellbeing, health and personal security as further acts of discrimination.

5.2.4 Key Factors arising from the Operation of the Brewarrina CCG

1. Imbalance between government and non-government agencies

The contracted NGO, MacKillop Rural and Community Services noted that the composition of the Brewarrina CCG was heavily weighted towards NGO representation. The Government agencies of Community Services, Police, and Housing are rarely represented at CCG meetings. Government agencies personnel based in Brewarrina have questioned why the Safe Families Program tender under the RSDM was awarded to a NGO. NGO's active on the Brewarrina CCG are MacKillop Rural and Community Services, Mission Australia NSW and Centacare. Active government agencies are NSW Health, Ageing Disability and Home Care, and Education.

The contracted NGO has tried to engage of locally based Community Services, Police, Housing personnel and to get them to attend the monthly CCG meetings in Brewarrina only to be informed that they have not been told about the new model of the Safe Families Program. The contracted NGO has informed the Regional Aboriginal Child Sexual Assault Group (RACSAG)⁴ but

⁴ RACSAG membership comprises the Regional Operational Managers from the agencies relevant to the RSDM implementation. RACSAG is chaired by the Regional Manager, Community Services, Western Region.

no changes have been forthcoming locally. This raises the question of the degree of communication that comes down from regional managers about the RSDM and about the expectation for agency workers to attend.

“We have complained to the RACSAG...my concern is that we need them around the table but what they are saying is that there is no commitment...we can't do it on our own we need the support of government agencies and we haven't had it.”

“I wonder how much communication came down to regional managers about the (RSDM) and an expectation for them to attend.”

2. Shortage of local Community Services trained staff

Staffing at the local level in the Far West and Western Regions of NSW is a significant issue for NSW Community Services. Currently there are four vacant staff positions at Brewarrina. Community Service staff from Walgett visit Brewarrina two days a week.

The Community Services Relieving District Manager, while supporting the employment of Aboriginal staff, thought that employing local Aboriginal staff was problematic for three reasons. First, was the need to increase the skill sets of these workers, second were concerns over confidentiality when dealing with local families and third was the likelihood of these staff being conflicted over the Community Services removal of children processes. From this person's perspective, there needed to be a balance between local Aboriginal and non-Aboriginal staff.

The notion of 'packaging' whereby experienced Community Services personnel are brought into the local Community Services Offices for up to 6 months to then 'role model' for local staff was proposed as an effective skilling-up strategy.

3. Confusion over the 'lead' agency concept and case management professional development

Some agency workers have experienced difficulties with the introduction, by the Brewarrina CCG, of the 'lead' agency concept in family case management. Confusion has occurred amongst those dealing with the families as the identified lead agency; that is, as identified at CCG meetings to then undertake this role in the team-based case management of particular families. The specified lead agencies are, subsequently, not acting as lead

agencies in family case management. Some service agencies mistakenly assume that the CCG is the lead agency.

Perhaps there is then a requirement for 'proper' case management with case meetings at which the family attends (the DoCS model for ROSH families) as suggested by Community Services representative at the consultative meeting.

4. The history of child removals in Aboriginal communities in NSW and elsewhere

Past experiences with DoCS and spectre of the Intervention in the Northern Territory have impacted on the work of the CCG in particular but also on the other components of the Safe Families Program.

5. Local community concerns and the Safe Families Program

At past meetings, the Brewarrina CCG has been embroiled in debates over concerns local community members have had about the real intent of the Program. Community representatives have been very forceful in their opposition. The Chair of the CCG meetings has been unable to advance the agenda of meetings under these circumstances.

These community representatives have compared the Safe Families Program in the community as a NSW version of the Northern Territory Intervention.

"They started to undermine Mission and undermine McKillop."

5.2.5 Key Factors arising from the Operation of the Bourke CCG

1. Interactive government and non-government agencies

There is regular attendance of both government and non-government agencies at the Bourke CCG. The government agencies of Community Services, Health, Education and Police are active participants along with a range of locally based NGO's and Aboriginal service provider organisations. Most attendees at the CCG are locally based. This collection of professionals representing a fulsome range of service agencies provides an energetic 'can do' CCG operational ethos.

2. Interface between the operations of JIRT's and of CCG's

The interface between the Bourke JIRT and the Bourke CCG is facilitated by the presence of the JIRT Police Office at CCG meetings. This then provides a constructive link between the case management work of the CCG with Type 2

and 3 Families and the counselling and therapeutic work of the JIRT with Type 4 Families.

3. The importance of dedicated secretariat support for CCG meetings

The smooth functioning of the Bourke CCG has been attributed to the administrative support of its meetings and the follow-up after its meetings provided by its contracted NGO. While CCG's are about coordinating service providers into interagency case management operations, there is a strong sense that, in order for this important work to occur with vulnerable families, the meetings of CCG's themselves also need to be coordinated through competent administration. This competent administration includes the chairing of these meetings by a chairperson knowledgeable of the RSDM and competent in this role. Highly focused and protocol-driven meetings involving extremely busy professionals are a prerequisite for a well-functioning CCG.

4. Effective interagency case management

Interagency case management cannot be assumed to be a given just because agencies have been brought together to meet the disparate needs of a vulnerable family. This approach typically requires a shift or broadening of established practices as developed by professionals through their prior training in preparation for working strictly within their departments, whether these departments be, for example, Community Services, Health, Education or Police. Interagency training can assist as can having a clear case management process involving case planning, clear tasking, progressive feedback and review. These factors have been present in the Bourke CCG operations.

5. Flexibility of government agency personnel in vulnerable family case management

This issue relates to issue 4 above and pinpoints an aspect of the shift in professional practice that may present within the case management of a vulnerable Aboriginal family involving several agencies working together. Guidance from within government departmental hierarchies supporting responsible flexible professional responses by their frontline personnel in interagency teams would assist the cutting edge work of CCG operations in remote Aboriginal communities of NSW.

5.3 Key Factors Associated with the Operations of IP's

The key factors associated with the operations of the five IP's share a high level of commonality. From this insight, key factors have been selected from those associated specifically with the Wilcannia CCG and the Bourke CCG.

5.3.1 Key Factors arising from the Operation of the Wilcannia IP

1. Minimal Aboriginal community input to IP deliberations
Criticisms of the current IP program of activities are that, firstly, they are weakly informed by Aboriginal input. These criticisms could be countered by reference to the relatively dysfunctional LARG that, theoretically, is expected under the RSDM to drive, through its Prevention Plan, community input into the workings of the IP.
2. Minimal Safe Families Messaging
This criticism of the operations of the Wilcannia IP was that the sexual harm messages to be conveyed through the IP endorsed activities are frequently either non-existent or swamped by the 'fun' aspect of the activities taking precedence and then dominating any messaging to do with Safe Families. This criticism is countered by the Safe Families educative and training events that have been and are currently being organised by the Wilcannia IP. Principal amongst these was the 'Brave Hearts' training program of local workers last year and a Brave Hearts preventative program to be introduced into the Central School this year. The Preventative Plan is now with the IP and will be implemented. A Girls' Night In is being organised through the school. These preventative programs are being developed jointly with the school.
3. The role of structured training programs in raising awareness of and combating child sexual abuse

The IP has resourced the delivery of structured programs targeting both adults and young people in the Wilcannia community to shift behaviours and attitudes. This approach was endorsed as a positive approach to the prevention of child sexual abuse.

5.3.2 Key Factors arising from the Operation of the Bourke IP

1. Child Sexual Abuse messaging through structured training programs

Making available to the Aboriginal community structured and credentialed training programs can have a significant impact on community understandings and attitudes of and towards child and young person sexual abuse. This structured approach has a multiplier effect in the community as better informed graduates from these courses are enabled to influence others either

through their social and familial contacts or through their employment.

2. IP activities informed by Aboriginal community perspectives

Having an active Preventative Plan and Aboriginal representation on the IP leads to informed implementation of awareness-raising and educative activities. Local Aboriginal input to the planning and development of these activities enhances levels of engagement by children, young people and parents.

3. Interagency involvement in child sexual abuse prevention activities

The interagency ethos of case management in Bourke has extended to the involvement of agencies in the planning and implementation of sexual abuse prevention activities. This collaboration has extended to shared resourcing for some of these activities.

5.4 Concluding Comment

These forty one key factors, covering both positive and less than positive issues identified through the community consultations, represent an evidentiary basis for the distillation of themes that identify ways forward in addressing and implementing this complex area of government policy. But before presenting the themes that positively contribute to the effectiveness of the RSDM at the local level within Aboriginal communities, a summary of the key factors is provided in the following Table 5.1.

5.5 Summary of the Key Factors associated with the Implementation of the RSDM at the level of the five Communities

The key factors are included in Table 5.1 below under three categories – those factors making a positive contribution to the operations of the three components of the RSDM as experienced in the communities, those factors acting as barriers to effective operations and those factors for which there is room for improvement. Where the same key factor has been identified from more than one community associated with a component of the RSDM, it is indicated by a bracketed number. Where the same factor has been identified associated with more than one RSDM component, it is left to stand as identified.

Table 5.1: Key Factors associated with the Implementation of the RSDM of the Safe Families Program: Community Consultations

RSDM Component	Positive Contribution	Barrier to Effective Operations	Room for Improvement
LARG	Impact of credentialing local Aboriginal adults about family wellbeing and health	Lack of authentic community consultation	Dealing with the recent history of child removals (2)
	Impact of raising awareness of child sexual abuse in the Aboriginal community through structured training programs	Membership screening process of volunteers to the LARG	Building trust with agencies
CCG	Importance of connecting domestic violence with child sexual assault	The perceived unpredictability of Community Services in the lives of Aboriginal families	Locating the LARG within a more representative community organisation
	The importance of clear messaging about child sexual abuse	RSDM programmatic invisibility in the community	The addition of community members to families' case management teams
CCG	The importance of a supportive school principal in the community	Conflicting perceptions between Government and Non-government agency personnel	Confusion over the 'lead' agency concept and case management professional development (2)
	Interactive government and non-government agencies	Imbalance between government and non-government agencies (3)	Aboriginal community involvement in CCG deliberations
	Interface between the operations of JIRT's and of CCG's	Excessive detail in discussions of Aboriginal families	Community concerns over a Safe Families Program hidden agenda
	The importance of dedicated secretariat support for CCG meetings	Aboriginal family discussions behind closed doors	Families consenting to be case managed without full knowledge of the CCG
	Effective interagency case management	High levels of apologies from Aboriginal CCG members	Competent integrated case management
		Shortage of local Community Services trained staff	The perception that Aboriginal families are being discriminated against
IP	Child Sexual Abuse messaging through structured training programs	The history of child removals in Aboriginal communities in NSW and elsewhere	Flexibility of government agency personnel in vulnerable family case management
	IP activities informed by Aboriginal community perspectives (2)	Local community politics and the Safe Families Program	
	Interagency involvement in child sexual abuse prevention activities	Minimal Aboriginal community input to IP deliberations	
		Minimal Safe Families Messaging in engagement activities	

5.6 Thematic Analysis of the Key Factors Influencing the Effective Implementation of the Revised Service Delivery Model of the Safe Families Program: Community Consultations

Many of the key factors summarised in Table 5.1, although identified initially as associated with the operations of a specific LARG, a CCG or an IP, have a more pervasive influence on the effective operation of the other components

and of the implementation of the RSDM as a whole. This observation is relevant to overall logic of the RSDM and to the synergies that exist between the three components of the RSDM, synergies so important to the effectiveness of the Model at the local community level.

Given the interconnectedness of the three operational components of the RSDM, the key factors influencing the effective operation of each component can now be distilled into operational themes contributing to the effective implementation of the RSDM; that is, themes that positively contribute to the Model's effectiveness. Although perhaps having a greater relevance to one component of the RSDM than to the others, each individual theme is, nevertheless, relevant across all.

The five themes are included below. For each a number of contributing strategic actions is listed. These themes and strategic actions reflect the evidentiary advice forthcoming from the community consultations for improving the operations of programs aiming at the prevention of child and young person sexual abuse.

5.6.1 Five Positively Contributing RSDM Operational Themes

Theme 1: Building Aboriginal Community Trust in the Motives of the Agencies involved in the Child and Young Person Sexual Abuse Prevention Program through Authentic Aboriginal Community Consultation and Shared Ownership.

Strategic Actions:

- i. Maintain a Local Aboriginal Reference Group (LARG) but locate the LARG within a higher-order representative association in the community, for example, the Community Working Party;
- ii. Establish the LARG with a child and young person sexual abuse prevention portfolio of responsibilities within the Community Working Party;
- iii. Explore the range of opportunities for Aboriginal community members to contribute to the case management of vulnerable families and, in consultation with the LARG, pilot agreed-upon actions.

Theme 2: Promoting the Presence in Aboriginal Communities of a Supportive and Culturally Sensitive Programmatic Response to the Prevention of the Sexual Abuse of Children and Young People with the Goal of Constructive Community Engagement.

Strategic Actions:

- i. Undertake explicit child and young person sexual abuse messaging to the Aboriginal community including messages

- highlighting the connection between family violence and sexual abuse;
- ii. Re-establish a 'Shop Front' open to the community to promote the visibility of the preventative program;
- iii. Explicitly address Aboriginal community concerns about any 'hidden agenda' of the child and young person sexual abuse preventative program and perceptions of discrimination;
- iv. Acknowledge the history of child removals from Aboriginal families in the community and elsewhere, and address concerns family members may have about current practices of government agencies in this regard.

Theme 3: Credentialing Local Aboriginal Adults about Family Wellbeing and Health and the Delivery of Structured Learning Courses for both Adults and Young People on the Prevention of the Sexual Abuse of Children and Young People.

Strategic Actions:

- i. Bring directly into the ambit of child and young person sexual abuse preventative programs the promotion and delivery of VET and CAE courses on child development, parenting, family wellbeing and healthy lifestyles;
- ii. Support the introduction in the communities' schools of preventative education and awareness raising programs intent on reducing the incidence of child and young person sexual assault.

Theme 4: Government and Non-government Agencies Contributing to the Servicing of the Complex Needs of Vulnerable Aboriginal Families as Fully Interactive and Accountable Contributors.

Strategic Actions:

- i. Induction of all agencies with capacities and services relevant to addressing the complex needs of vulnerable Aboriginal families into a structured case management model that includes planning, clear tasking, monitoring and review;
- ii. All agencies undertaking case management of vulnerable Aboriginal families report on their service delivery responses to an interagency coordinating group comprising all government and non-government agencies active in the child and young person sexual abuse prevention program in the community;
- iii. Maintain active and dedicated administrative support for the coordination of interagency responses to the prevention of sexual abuse of children and young people in each Aboriginal community.

Theme 5: Up-skilling Frontline Workers to better prepare them for the Specific Challenges of servicing the Complex Needs of Vulnerable Aboriginal families.

Strategic Actions:

- i. Provide regular professional development opportunities for all staff of agencies delivering preventative sexual abuse services focused on professional practices contributing to effective interagency case management of vulnerable Aboriginal families:
- ii. Immediately address the shortage of locally-based agency staff;
- iii. Provide on-going training for local agency staff to become competent workers in interagency case management teams.

6 Consultations with Contracted RSDM Non-Government Organisations: data collection and accounts of the Revised Service Delivery Model from each of the contracted NGOs; Mission Australia NSW and MacKillop Rural Community Services

6.1 Introduction

Interviews were conducted with the personnel from Mission Australia NSW and MacKillop Rural and Community Services undertaking the RSDM chairperson roles as contracted by the Office of Aboriginal Affairs NSW. These interviews occurred as follows:

- In Broken Hill with the Mission Australia Program Manager (Dubbo-based by voice point) and Services Manager (Broken Hill-based) both responsible for chairing the Wilcannia CCG and IP, 2 April 2013;
- In Dubbo with the Mission Australia Program Manager (Dubbo-based) responsible for chairing the Bourke CCG and IP, 12 April 2013; and
- By telephone with the MacKillop Rural and Community Services CEO (Dubbo-based) responsible for chairing the Walgett, Lightning Ridge and Brewarrina CCG's and IP's, 22 April 2013.

6.2 Focus of the Consultations

The interviews focused on the effectiveness of the RSDM of the Safe Families Program in each of the five communities and those aspects of the RSDM that were working well and those aspects that were presenting as difficulties or challenges for the implementation of the Model. The interviewees were also asked to consider the future of the child sexual abuse prevention activities of the RSDM after June 2013.

Accounts of the RSDM as portrayed through these three interviews follow, firstly, with accounts based on the perceptions of Mission Australia CCG and IP chairpersons and, secondly, with the MacKillop CCG and IP chairperson's perceptions of the Safe Families Program in operation.

6.3 RSDM Contracted NGO: Mission Australia NSW

6.3.1 Wilcannia CCG and IP Operations

The underlying philosophy of the RSDM is supported by the contracted NGO. Underpinning case management of vulnerable families with a collaborative approach is a good model. However, at the CCG level of the model it has been quite difficult to implement. In the negotiations around the table for the progression into the new model from Stage 1 of the Safe Families Program, criticism was mounted by the Community Services and Health representatives. These representatives had been heavily involved in the implementation of Stage 1 in Wilcannia and still carried a commitment to the previous way of working with families. The issue for them was letting go of the old model and to allow family case management to proceed through the CCG of the RSDM.

The sole family referral pathway under the new RSDM was through the CCG. This meant that referred families were discussed initially at CCG meetings and then, if consenting to be case managed, at subsequent meetings. This was a set of new practices designed to involve vulnerable families in case management. This approach was a departure from the case management approach employed by Community Services and Health with families identified as in the Risk of Serious Harm (ROSH) category. With ROSH family case management, family members are participants in meetings with the Community Services and Health members of the involved JIRT. Under RSDM case management involving non-ROSH families (that is, vulnerable families) the families are not present at the discussions about their cases at CCG meetings.

Under the Stage 1 model of the Safe Families Program, family members were invited to 'sit at the table' albeit with the case managing agencies involved with each family including locally based Safe Families Community Service and Health personnel. This arrangement, with fewer agency staff, was a tighter group of professionals with a correspondingly firmer level of confidentiality. The objection the Community Services and Health members of the Wilcannia CCG had was about the shift under the RSDM to having families discussed in their absence at CCG meetings with a greater number of agency representatives present. Specifically, these objections were about the appropriateness of having this increased number of people involved in referral deliberations, the identification of lead agencies for each referred family and the development of case plans when not all of those present would be involved case managing the families, objections all counter to the new model.

Mission Australia attempted to follow the protocol of having a referred family visited in the first instance by the agency with the most rapport with the family. This agency would then become the lead agency whose personnel were then expected to report back to the CCG on the family's identified needs from which an interagency case management team would be assembled. Also, if brokerage funds were to be expended to cover specific needs of a family, needs not readily addressed by members of the CCG, and then this expenditure required CCG approval. But in practice, because other agency members of the Wilcannia CCG were reluctant to take on the lead agency role, there was confusion over this important initial step with referred families, a step crucial in gaining family consent to be case managed. There was a perception amongst other agencies, particularly with government agencies' staff, that because Mission Australia had received Safe Families funding as the contracted NGO, then Mission Australia should take up the lead agency role for most if not all referred families. The consequence of this attitude was that Mission Australia staff found themselves making the initial visits to families as strangers to those family members.

"It's not collaborative practice if we do all the door knocking."

The collaborative ethos was not strong amongst CCG members at Wilcannia. Difficulties were also experienced getting people to attend CCG and IP meetings. This was a reflection of the fact that service agencies have high levels of involvement in the community with numerous meeting demands.

"With so much going on our CCG meeting was always overlapping with something."

Getting a broader collaboration was not straightforward either. For example, the Aboriginal Medical Service in Broken Hill were unable to see a role for their agency in an interagency approach to the case management of Aboriginal families with complex needs. Each agency, like Mission Australia⁵, has their own funded programs in Wilcannia but these are focused on a limited range of outcomes.

"These only do one thing. Get a better response through collaboration, coordination of the services embedded in these programs'. Better in the long run to put all together."

The CCG is the one place in Wilcannia for this form of collaboration.

⁵ Mission Australia delivers three programs in Wilcannia – a Strengthening Families program, 'Brighter Futures' and two Empowering Youth programs, 'Youth Connections' and 'Reconnect'.

“If we all have a joint case plan for a family at risk then we know what our contribution will be. No overlapping of services is in everyone’s best interests.”

Education has been making a positive contribution to the CCG.

In speculating about the future of the Safe Families Program, the Mission Australia chairpersons for the Wilcannia CCG and IP made the following points:

- The Program must be allowed to have sufficient time in communities to build trusted rapport between community members and agency staff;
- Agencies themselves must be prepared to make a long term commitment to the prevention of child sexual abuse, to collaboration and to joint case management;
- The input from the Wilcannia LARG has been important to the Program and must continue as the Program’s success is dependent on community involvement; and
- The Program needs to broaden its focus to general wellbeing and not just on child sexual assault.

6.3.2 Bourke CCG and IP Operations

Mission Australia is pleased with the way the RSDM has progressed in Bourke and how the community has come on-board particularly with the changes to the CCG under the new Model.

Bourke has been a supportive community and this has assisted the administration of the RSDM by Mission Australia. Where the NGO has made suggestions, for example, with interagency case management training to go out to Bourke, the community has responded positively. The Brave Hearts training, which was initially introduced to Bourke was subsequently taken up by the other communities. The Brave Hearts partnership with the Safe Families Program has become strong with the organisation coming back out to run workshops.

Mission Australia has introduced a number of strategies to the operation of the Bourke CCG and IP. At Bourke, Mission Australia arranged for the Centre for Community Welfare Training (CCWT) to deliver interagency case management training to the service provider personnel⁶. Bourke agencies on the CCG reacted positively to this opportunity. All CCG members were invited together with any other agency staff in the community. The training session was well attended.

⁶ This CCWT training was also offered to Wilcannia, but Wilcannia CCG agencies did not take up this offer. ‘Oh my goodness!’

Bourke had not had an interagency meeting for several months, *“it had basically dissolved”*. The CCWT training focused on how to collaborate to assist families and how to work on case plans together.

“Out of that, the interagency meeting is now operational... What a great outcome.”

The ‘Bourke Interagency’ is a collaboration of agencies and now there are several additional interagency groups forming in Bourke. One is to do with education and training where the education agencies get together and the other is to do with children and families, the Child and Family Interagency Group.

The Child and Family Interagency Group will now meet monthly. The Principal of the Bourke Public School is a strong advocate of interagency case management and is active in the newly formed Child and Family Interagency Group.

The Bourke Public School is part of the NSW *Connected Communities Schools* Program. The school principal is a member of the Bourke CCG and IP and part of her role as an Executive Principal of a *Connected Communities School* is to collaborate with agencies in the community. This is also the expected role of the Principal of the Bourke High School as this school is also a designated *Connected Communities School* (as are schools in Wilcannia, Brewarrina and Walgett). The Bourke High School has an active representative on the Bourke CCG and IP.

In conjecturing about the future of the Safe Families Program after June 2013, Mission Australia is hopeful that the LARG Prevention Plan could be passed onto the Child and Family Interagency Group.

“A lot of the strategies have been implemented. To continue to make sure they are happening within the community.”

The Bourke Child and Family Interagency could continue the Safe Families activities currently undertaken by the IP of the RSDM.

Mission Australia will be a member of the Bourke Child and Family Interagency Group but will not be chairing its meetings.

Other points raised relating to the continuation of the RSDM after June 2013 were:

- A concern that there will be no brokerage funds after June. However, the procedure at CCG meetings has been to initially attempt to source funds

- from within the core business budgets of agencies attending the meetings before drawing on the provided brokerage budget;
- Supported the LARG sitting within the CWP with its Prevention Plan being shared between the CWP and the Child and Family Interagency Group;
 - Mission Australia happy to implement a handover with the CWP on strategies, what has been done, who the contact agencies have been;
 - Still have Mission Australia workers in the Bourke community and one of the NGO's local staff members will attend the Child and Family Interagency Group;
 - Administration of RSDM in communities has been hard work, demanding. *“There has been a lot of follow up outside of meetings, especially at Bourke (as preventative activities and case management referrals have expanded)”*;
 - Connections by teleconference to meetings – could work, *“doable for sure”* but *“been so positive in Bourke because we have had a presence there”*. Being in the community for meetings has allowed for other contacts and meetings in the community before and after meetings.

6.4 RSDM Contracted NGO: MacKillop Rural Community Services

The perspective of the CEO, MacKillop Rural and Community Services (MacKillop) was that the NGO had come into a Program that has viewed negatively in the three communities with whom MacKillop was involved. Added to this negativity was the experience of MacKillop that there was no commitment to case coordination out in the communities. From this starting point it had been a challenge to move beyond the IP type of preventative activities to engage the CCG in family referrals and integrated case management. At Lightning Ridge there has been to date no referrals. At Brewarrina there was the attitude that the Safe Families Program was not going to continue so why refer families to the CCG as they will be *“left up in the air”*. Also at Brewarrina the work of the CCG was delayed due to questioning in the community and amongst Community Services local staff about the levels of confidentiality families would receive if consenting to being referred. Referrals only started to be made to the CCG from June 2012 and all of these came from the Brewarrina Central School.

At Walgett all the referrals have come via the participating NGO's, one referral from Mission Australia and the rest from MacKillop.

“There has been very little sharing.”

In response to the question, why has there been no commitment to case coordination in any of the three towns? MacKillop gave the following reasons:

- The necessary players “*will not sit around the table and you can’t do it without the government agencies, particularly Housing and Community Services*”;
- The key decision makers in the various government departments are not ‘at the table’ meaning that the local frontline workers feel that it is necessary to refer upwards before committing themselves to case management plan;
- Agencies’ workers in contact with the Aboriginal families have “*no clues about case management or case coordination*”. They are essentially unskilled workers in need of appropriate training for the work arising through the CCG’s of the RSDM.

In addition, there are no clear lines of accountability for the case management team members back to the CCG itself. This is different to the accountability regime built into the Community Services (JIRT) case management model involving ROSH families. Under the RSDM, the contracted NGO’s have no authority over agency workers who may not be servicing those needs of a family, needs they agreed to address.

“They can take it or leave it. Not attend the next CCG meeting if the work is not started.”

A related aspect to this *laissez-faire* attitude of agencies towards the functioning of the CCG component of the RSDM was a less-than-satisfactory level of documented reporting back to each CCG. As a result, the detail in the reporting on family referrals and case management by MacKillop to RACSAG via the Office of Aboriginal Affairs, as required under their contract, was barely adequate.

The CCG concept is based on the willing participation of agency staff and full knowledge by these staff of the Safe Families Program under the RSDM. Both factors cannot be taken for granted particularly with the high turnover of local workers.

The policy position of the NSW Government has been to move NGO’s more and more into the work of frontline service delivery. After the negative impact of Stage 1 of the Safe Families Program, this policy was brought to bear on the Program through the contracted NGO secretariat and chairing arrangements built into the RSDM. There may have been an additional reason for placing the contracted NGO’s front and centre in the operations of the CCG’s and IP’s; that is, to place Community Services more into the background given that Department’s association with child removals in the communities.

The RSDM version of the Safe Families Program has not been able to disentangle itself from the negativity engendered in the communities from

Stage 1. In an extreme case in Stage1, it is alleged that an OAA Community Engagement Officer actively campaigned against the Program comparing it to the Federal Government Intervention Program in the Northern Territory. In another community the OAA Community Engagement Officer refused to undertake the handover process to the contracted NGO. MacKillop expressed the view that the OAA has only limited interest as the leading government agency in the Safe Families Program.

The contracted NGO's are able to report to the RACSAG but do not attend the RACSAG meetings. The MacKillop CEO has found that RACSAG has been unresponsive to her papers on the lack of government agency staff attendance at the three CCG's and IP's she chairs.

Commenting on the possible continuation of the child sexual abuse preventative work of the Safe Families Program, MacKillop asserts that:

“If to restart there needs to be a distinct break from Safe Families. It would be a disaster if the continuing work was connected to the Safe Families tag.”

MacKillop concluded with the following comment:

“Any attempt we made was damaged by that brand. You could tell, when we went out the first time ... what had happened was that DoCS had run a couple of meetings prior to January last year and during this time they (the government) were tendering out for the program to be run by NGO's and when we arrived you could cut the air with a knife. Why did Mission and MacKillop get the tender? Should have gone to local Aboriginal organisations. You know, we were really fighting an uphill battle from the start.”

7 Analysis of the Operations and Outcome of the RSDM of the Safe Families Program based on the Consultations with the Contracted NGOs

From the accounts of the operations of the RSDM derived from the consultations with Mission Australia NSW and MacKillop Rural and Community Services personnel who have lead the administration of the CCG's and IP's in the five Aboriginal communities in NSW, key factors associated with implementation of the RSDM have been identified. These informants commented in the main on the operation of the CCG's under their chairpersonship and to a lesser extent on the operations of the IP's and the LARG's. Consequently, the key factors listed below, with clarifying paragraph(s), refer mainly to the operations of the CCG component of the RSDM.

7.1 Key Factors Associated with the Operations of the RSDM

7.1.1 Key Factors arising from the Operation of the RSDM in Wilcannia

1. Family Case Management Models Conflict

Although all involved with the CCG and IP at Wilcannia were of the opinion that the RSDM was a good model for advancing the work of the Safe Families Program, the CCG meetings were somewhat destabilised by conflicts over the shift from a family case management model more directly aligned with the Community Services practices with ROSH families to a model developed to engage non-ROSH families through willing consent.

2. Family Case Management Lead Agency Confusion

The confusion over which agencies should step up to become the lead agency for each individual referred family seems to be due a misinterpretation of the contract Mission Australia had entered into with Aboriginal Affairs NSW. This 'confusion' had an influence on the efficacy of the consent-gaining initial step for the integrated case management of vulnerable families in Wilcannia.

3. A Weak Collaborative Ethos Amongst CCG Agency Members

At Wilcannia, the agencies providing services to Aboriginal families have a mix of professionals delivering in the town. This mix comprises those workers who are more-or-less based in the town and those that drive in over a considerable distance, typically from Broken Hill. People may fly into Broken Hill from elsewhere in NSW, from Dubbo for example, and then drive out the Barrier Highway to Wilcannia for a day visit. Under such circumstances the concept of collaborative case management of vulnerable Aboriginal families can be perceived as an additional burden to already stressed workers attempting to address a specific need in a time-poor clinical situation. Breaking agency resistance to collaboration will require, as a starting point, a greater investment in locally-based service agency workers followed up with focused interagency case management training.

4. A Commitment to the Long Haul

Given three observations:

- i. Aboriginal peoples' cynicism of government programmatic initiatives in their communities as short term in nature and promise;
- ii. the trend of government funding for the frontline work of programs being directed through a competitive tendering process resulting in short term contracts to NGO's; and
- iii. The highly sensitive and politically charged issue of intergenerational child sexual abuse for Aboriginal communities;

it becomes essential that sufficient time is allowed by government for a program such as Safe Families to become embedded in communities and to have a 'breaking the cycle' impact. The long term commitment by government must be paralleled by a similar commitment by service agencies including NGO's. Having the right staff in the communities for extended periods is a prerequisite for building trusted relationships with families.

7.1.2 Key Factors arising from the Operation of the RSDM in Bourke

1. Actively Supportive Community and Agency Members

The Bourke CCG has become a collaborative unit consisting of contributing government and non-government service providers. The collaborative ethos of the CCG has flowed onto the IP. Underpinning the work of the CCG and the IP is the support of the community in general. The Bourke CCG and IP are advantaged in having an Aboriginal community member being active on, not only the CCG and the IP, but also on the LARG. Community support for the CCG is, perhaps, a reflection of the success of the prevention of child sexual

abuse engagement and education activities conducted from Stage 1 through to the RSDM stage of the Safe Families Program in Bourke.

2. Positive Participation in Professional Development Opportunities

Under the RSDM the Bourke service providers and community members have embraced opportunities for professional development and family-related learning. Of note were interagency case management training and child sexual assault prevention training opportunities. These training events have made a positive contribution to the work of the CCG and the IP in the town at the levels of agency collaboration and of more explicit messaging about child sexual abuse.

3. Broadening of the Interagency/Collaborative Ethos amongst Agencies

An outcome of the interagency case management training that was provided through the Safe Families Program contracted NGO in Bourke has been the establishment of further interagency groups. This development has pushed the practices of interagency case management into the realm of accepted best practice, practice to be worked towards through collaboration. From this development the operations of the CCG and IP are able to be embedded in an 'interagency normality' for service delivery to vulnerable Aboriginal families.

4. Key Role for Community Schools in the RSDM of the Safe Families Program

5. The schools at Bourke are active members of the CCG and IP, as are the other government agencies. The schools play an important role in the initial identification of children and young people in need of attention through the family referral pathway of the CCG's. In addition, designated schools in NSW are now expected to have key roles in the collaboration of services to needy children, young persons and families. The *Connected Communities Schools* Program brings schools squarely into the orbit of interagency case management of vulnerable families. Both the Public School and the High School at Bourke are participant institutions in this Program and their involvement will further strengthen the interagency case management operations of the Bourke CCG.

7.1.3 Key Factors arising from the Operation of the RSDM in Lightning Ridge, Walgett and Brewarrina

1. Negative Consequences of the Safe Families Program Stage 1 for the RSDM

Safe Families as a program 'brand' was significantly tainted in some of the targeted Aboriginal communities and for some agency workers through the three year period of the Stage 1 operation of the Program. In these communities the RSDM, although a constructive model for addressing the issue of child sexual abuse, was unable to be completely disentangled from the negative Stage 1 baggage.

2. Incompetent and Uncommitted Family Case Managers

Frontline workers in Aboriginal communities require direct and situation-specific training in case management of vulnerable Aboriginal families. This is a complex area of professional practice that requires specifically designed training programs. Such targeted training will not only develop more competent case managers but also develop, through a better appreciation and understanding of this way of delivering services, a commitment to a more coordinated and culturally sensitive way of working with families.

3. Building in Interagency Accountability

Interagency accountability was weakly addressed under the RSDM relying on each agency's internal avenues of reporting and review. The contracted NGO's were required to report upwards to Aboriginal Affairs NSW but had no authority to hold accountable agency workers for their clinical work with individual families other than reporting to the RACSAG. The responses from RACSAG to contracted NGO concerns were claimed to have been ineffectual at the local level.

7.2 Summary of the Key Factors associated with the Implementation of the RSDM as identified by the Contracted NGO's

The key factors are summarised in Table 7.1 below. In Table 7.1 the eleven key factors have been categorised as those making a positive contribution to the operations of the RSDM, those acting as barriers to the effective operations of the RSDM and those indicating room for improvement. These key factors need to be read in conjunction with those summarised in Table 5.1 in order to arrive at a fuller picture of the key factors influencing the operations of the RSDM.

Table 7.1: Key Factors associated with the implementation of the RSDM of the Safe Families Program: Contracted NGO Perspective

RSDM Component	Positive Contribution	Barrier to Effective Operations	Room for Improvement
Contracted NGO	A Commitment to the Long Haul	Family Case Management Models Conflict	A Weak Collaborative Ethos Amongst CCG Agency Members
	Actively Supportive Community and Agency Members	Family Case Management Lead Agency Confusion	Building in Interagency Accountability
	Positive Participation in Professional Development Opportunities	Negative Consequences of the Safe Families Program Stage 1 for the RSDM	
	Broadening of the Interagency/Collaborative Ethos amongst Agencies	Incompetent and Uncommitted Family Case Managers	
	Key Role for Community Schools in the RSDM of the Safe Families Program		

7.2.1 Thematic Analysis of the Key Factors Influencing the Effective Implementation of the Revised Service Delivery Model of the Safe Families Program: Contracted NGO Perspective

As stated earlier, the key factors identified through interviews with the contracted NGO chairpersons of CCG's and IP's have been shaped by this positioning of the informants. However, the identified factors also speak more broadly to the overall operation of the RSDM. The thematic analysis was undertaken with this broader impact of the identified factors in mind.

Four themes are included below. For each a number of contributing strategic actions is listed. These themes and strategic actions reflect the evidentiary advice forthcoming from the consultations with the RSDM contracted NGO's.

7.2.1.1 Four Positively Contributing RSDM Operational Themes

Theme 1: Clearly Establishing the Longevity of the Safe Families Program.

Strategic Actions:

- i. Build active support and commitment in communities for the Safe Families Program through policy statements on the prevention of child sexual abuse in Aboriginal communities that have bi-partisan agreement for a funding commitment of up to a decade;
- ii. Build active support and commitment in service agencies through a tendering process that contracts NGO's in a staged timeframe with progression from one stage to the next secured

by satisfactory achievement of the contracted objectives of each stage in turn.

Theme 2: Developing and Implementing Interagency Family Case Management Professional Development and Organisational Change Programs.

Strategic Actions:

- i. Conduct refresher and induction sessions for continuing and new agency workers about the history of the Safe Families Program to date and the program logic underpinning RSDM which was expressly developed to address the complex needs of vulnerable Aboriginal families. These sessions must clarify the distinction between case management practices with vulnerable families and those with ROSH families;
- ii. Embed interagency case management professional development programs within an organisational change framework for both government and non-government agencies working with vulnerable Aboriginal families;
- iii. Agencies seeking to work in the Safe Families Program agree to undertake interagency case management professional development prior to involvement;
- iv. Broaden the collaborative interagency approach to family case management of vulnerable Aboriginal families referred to the Safe Families Program to include as many as possible of the other service agencies in each Aboriginal community such that the collaborative interagency approach becomes generally accepted as the best practice model by most, if not all, agencies;

Theme 3: Connecting the Safe Families Program to other Government Funded Collaborative and Interagency Initiatives.

Strategic Action:

- i. Connect the Safe Families Program, as structured by the RSDM, to the other NSW Government initiatives in Aboriginal communities that seek to coordinate the local service agencies' responses to the complex needs of vulnerable families, initiatives such as the Public, Central and High Schools' *Connected Communities Schools* program.

Theme 4: Combating any built-up Negativity in some Aboriginal Communities and amongst some Agencies about the Safe Families Program.

Strategic Action:

- i. Address explicitly any built-up negativity through the strategic actions listed under Themes 1 and 2 arising from the Community-based Consultations of this Evaluation of the RSDM of the Safe Families Program (refer to Chapter 6).

8 Regional Consultations: data collection and accounts of the Revised Service Delivery Model by the Regional Aboriginal Child Sexual Assault Group (RACSAG)

8.1 Introduction

RACSAG membership is made up of the Regional Operational Managers from Aboriginal Affairs, Community Services NSW, Far West and Western Local Health Districts, NSW Police, Office of Education, Housing NSW, Aboriginal Housing Office, Ageing, Disability & Home Care, Department of Premier & Cabinet, Juvenile Justice, Probation & Parole and the Commonwealth Department of Health & Ageing. The chairperson of RACSAG is the Regional Director, Community Services, Western Region of NSW.

RACSAG is the key regional body for the Safe Families Program responsible for:

- Providing advice & leadership on issues identified by local Issues Panels (IP's);
- Providing advice and direction to address systemic issues impacting on service delivery responses via the local Case Coordinating Groups (CCG's);
- Providing feedback to IP's and agency staff within a month or within a timeframe that reflects the seriousness of issues; and
- Escalating issues to General Manager Aboriginal Affairs if these cannot be resolved within a month.

Consultations were conducted with Western Regional Director, Aboriginal Affairs, Office of Communities (8 April), the Manager, Primary & Community Health, Western Local Health District, NSW Health (8 April) and the Regional Director, Western Region, NSW Community Services (26 April).

The Health Manager and the Community Services Regional Director were heavily involved in the Partner Agency Response (August 2011) to the Stage 1 Safe Families Program Evaluation; the response from which the Revised Service Delivery Model (RSDM) arose.

The following sections summarise the assessments of the operation and outcomes of the RSDM by these three key members of RACSAG.

8.2 Assessment of RSDM – Western Regional Director, Aboriginal Affairs, Office of Communities, Department of Education and Communities, NSW

Aboriginal Affairs was appointed by the Department of Premier and Cabinet to be the lead NSW Government agency in the Safe Families Program from its inception. This lead role will continue until 30 June 2013. Taking on this lead role was a shift in orientation for Aboriginal Affairs as its operations involving Aboriginal communities had been at a “*less interventionist*” level of operation in terms of direct case management of families.

Safe Families Program was the NSW Government response to the ‘*Keeping Them Safe Report*’ (Wood, November 2008). The Report called for, essentially, an interagency response with the Safe Families Program to focus on education, building awareness and community development. Under the initial Safe Families mode, family case management was a lower level focus.

With RSDM came a shift in communication to communities and a shift in focus away from ‘families at significant risk’ to ‘vulnerable families’. This has led to a better level of response from communities. More needs to be done in communicating to communities that the Safe Families Program, and the Case Coordination Groups (CCG’s) role within it, is not about child sexual assault in the first instance but about supporting vulnerable families across the full range of their service needs. This is a preventative approach. The referral process involving the CCG was an important shift in operation from the initial model.

Under RSDM Community Services was deliberately not appointed as the lead agency as Community Services carries a stigma in the communities as DoCS (the Department of Community Services). DoCS was the NSW Government Department that for many years removed Aboriginal children from their families. The current Office of Community Services within the Department of Family & Community Services is involved, with the Police, in child removal processes under the Child Wellbeing and Child Protection legislation of NSW.

With the introduction of the RSDM, two NGO’s that were active in the five Aboriginal communities were contracted to be the lead agencies.

It is not appropriate to have non-case managing agencies on the CCG monthly meetings. This then disqualifies from the membership of each CCG community members who are not case managers or members of consenting case managed families. A possible solution to community concerns that the

CCG's are a 'closed shop' discussing Aboriginal families without their direct representation would, on a family-by-family basis, involve the case managing team members, through the lead case managing agency, discussing with the family who from their community they think could add valuable input to the team's services provision. This strategy would open the team's support for a family to a wider section of the community including the family's extended family relatives. All this would occur external to the monthly CCG meetings.

There are 'flexibility' issues with agencies being able to work together in an integrated way. This varies across communities and is influenced by individuals' preparedness to shift their professional practice routines as prescribed by their government departments for 'normal' situations separate from their case management within the Safe Families Program. Where flexibility is evident at the local community level, workers may be faced with difficulties further up their Department's supervisory hierarchy. The 'silos' of Community Services, Health, Education and Housing then come into play, and this can be at the expense of appropriate actions at the local level.

In the establishment of the Safe Families Program and in the change to the RSDM with the renewed emphasis on case management of vulnerable families, professional development programs to facilitate interagency responses that could be provided services more seamlessly to families did not accompany the implementation of these initiatives.

The RSDM over a limited time span is generally working well as evidenced by the increased number of referrals.

8.3 Assessment of RSDM – Western Local Health District, NSW Health

At the beginning of the Safe Families Program, the five communities were in the same Health Region. This changed during the life of the Safe Families Program with the formation of the Far West and the Western Local Health Districts. Wilcannia is now in the Far Western Local Health District and to the other four communities are in the Western Local Health District.

“This really makes it tricky (for Health).”

Health's position is that the interagency element of the Safe Families Program is core to the program and mustn't be lost.

Giving the lead role in the Safe Families Program to Aboriginal Affairs was a 'big ask' given that, in the past, the major focus of Aboriginal Affairs had been on community capacity building and not on intensive clinical type projects. The concept of the Safe Families Program, as initially designed involving Aboriginal Affairs, Community Services and Health working in co-location in

remote and fragile Aboriginal communities, was “*ahead of its time*” and needed to be implemented as a long term program.

“Initial idea was scoped up at a very high level ... it was very ambitious and would have been good if you had a 10 year horizon.”

Placing Aboriginal Health Workers in communities as lone agents in a local situation without adequate support or backup proved to be untenable.

The Stage 1 Evaluation Report came as a shock but it forced agencies to take stock and to be more grounded in their thinking.

With the RSDM of the Safe Families Program, Health took the following approach:

- Focus on community development with a focus on building up vulnerable families awareness;
- Identify the range of health-related needs applicable to the five Family Types identified in the Evaluation Report and then list the partner agencies’ responses to these needs;
- Implement educative programs about prevention of child sexual abuse in the communities; and
- Enhance both what we can do together and also alone.

The arrangement of CCG’s and IP’s within the RSDM has been a benefit. It has resulted in Health shifting its ways of providing services to families with a greater emphasis on prevention of at-risk behaviours and/or circumstances in families leading to, over time, shifts in community members’ attitudes towards child sexual assault. Personal and collective attitudes towards sexual assault have been built up over generations. Sexual assault in Aboriginal communities has been an intergenerational phenomenon affecting children, young persons and adults. The RSDM, through its three components has directly challenged and attempted to change the attitudes held by some that sexual abuse is a part of life in their communities.

But this preventative approach, inherent to the RSDM; an approach which raises in the communities a public discourse about the issue of child sexual abuse while at the same time intervening to alter those aspects of family life that correlate over time with child sexual assault; takes time to reach fruition.

With the RSDM there has been a significant increase family referrals and in early preventative educative and awareness-raising activities in the towns including education in women’s groups on child safety and protective behaviours.

“In some towns Health has been the lead and in other towns we provide staff to assist with that (preventative activities).”

“When funding ceases we will just do with what we can do with our dollars which is pretty sad. After June we won’t be able to continue at the level of what we have been doing at all’. ‘It’s about services that we cannot provide.”

The significant increase in health-related referrals from needy families in the four communities located in the Western Local Health District after the transition to the new model of Safe Families was put down to a multi-focused approach;

“The feedback from community members and staff out there is that it is seen that we are all coming in around what the family needs. We have established, also with some of the other agencies, that we are not mandatory agencies.”

‘Word of mouth’ has been important also after the successful experiences of families under this new approach. This has assisted in combating the cynicism in the communities that the Safe Families Program is just like others the community has experienced where programs are only implemented locally for short time periods.

“So why bother putting yourself out there. So over the 12 months we are seeing (the view that) maybe we are going see a change, we are going to continue, that these services are available and engaged.”

The community members through the LARG’s under Aboriginal Affairs have come on board and have made a difference.

“It hasn’t been any one thing. Having the case coordination group and the issues panel has been a fantastic response and not one agency driving it.”

Working together in an integrated way under the RSDM seems to have been more difficult for Community Services personnel who come from a statutory response background to families at significant risk. These officers are expected to adapt from their prior experience has been in the ‘mandatory space’ to this new space for them of dealing with vulnerable families presenting with needs and issues not as yet triggering mandatory reports. Health has not had this same history of working in this mandatory space with families and this has made it somewhat easier for Health personnel to work within the RSDM of the Safe Families Program. However, the Safe Families Program is about change management at all the different levels for the

agencies involved; at an individual level, at a community level, at an agency level and up the hierarchy of departments.

“With all of us, previously you report up through your agency and it has really been a massive change and I think at all the different levels we have experienced a major challenge about how to get around that.”

The integration of agencies services around the case management of families has required time to become established. With the limited time since the introduction of the RSDM there has not been sufficient time to fully monitor the implementation of this approach from a regional level through RACSAG.

“Change management takes quite a while, organisationally, community-wise, at a personal level.”

There can be interpersonal challenges between agencies at the local community level and with the limited time frame available these can be difficult to fully resolve.

“It’s the short term nature of it.”

The contracted NGO’s and the other NGO’s working in the communities have been important in the implementation of the RSDM. Regional Health are aware of the pressure the contracted NGO’s are under as they have come in at the *“tail-end”* of the overall program.

“They have done a sterling job given the challenges being faced in trying to get agencies to bear. We can all get distracted in our busy schedules and if one meeting doesn’t get attended so I think they have been given a hard job but I really think the communities respect the NGO’s, it’s seen as neutral ground ... this aspect of the model has been critical to the outcomes we are getting.”

Suggestions from NSW Health for the continuation of the Safe Families approach to child sexual abuse after June 2013 were:

- Continue the educative programs aimed at breaking down the acceptance amongst some families of the ‘normality’ of sexual assault;
- Continue the counselling of victims of sexual assault be they children, young people or adults;
- Continue the involvement of NGO’s;
- Continue CCG’s but amalgamate the work of the IP’s with that of CCG’s;
- Give CCG’s time to develop the respect of communities; and
- Continue the LARG concept while maintaining the rigour of the probity checks.

8.4 Assessment of RSDM – Western Region, NSW Community Services

RACSAG was to have an overarching core role in the implementation of the RSDM. Community Services, Health, Education and Aboriginal Affairs have maintained a commitment to the Safe Families Program at the regional level, not so juvenile justice and corrections.

An increased level of optimism was associated with the introduction of the RSDM of the Safe Families Program in 2012. The focus was clearly on vulnerable families and the child protection agencies were not built in to the same extent as before. NGO's were given the lead roles in the administration of the RSDM version of the Program.

Under the RSDM the emphasis has been on localisation and the development of clear plans for education and family case management, plans that involve a clustering of departments and other agencies; that is, interagency plans.

The CCG is a vital component of the RSDM. This Group is the innovative and 'novel' addition to the Safe Families Program based on the learnings from Stage 1. Community Services involvement in Stage 1 was essentially about child protection. But it became clear that not all families coming to the attention of the Community Services and Health workers in the five communities needed a statutory response. During Stage 1, Community Services in those communities, such as in Wilcannia, where Safe Families was having an impact were adopting a more fluid practical approach. With this fluidity came greater degrees of flexibility supported and assisted by local Community Services managers of client services. It was from this insight and experience that the CCG component of the RSDM was devised.

The current role within a CCG for Community Services personnel based in or visiting the Safe Families Aboriginal communities is to be present but not to act as the primary case managers. Community Services personnel are expected to provide assistance and input to the discussions of vulnerable Aboriginal families at CCG meetings.

“It is about working together even though not as a primary agency but to provide advice and direction.”

It was a deliberate strategy of the RACSAG to contract NGO's to undertake the lead secretariat and chairing role of the CCG's and IP's. The logic was to move to a 'non-DoCS' lead administration agency. This was done in an attempt to distance the RSDM version of the Program from the concerns Aboriginal families have over DoCS and child removals. Both contracted

NGO's had a strong history of on-the-ground work with Aboriginal families in the five communities.

However, this change from Stage 1 to the CCG operations under the RSDM has not been without its challenges. The first challenge was to employ local workers who are able to align their behaviours towards vulnerable Aboriginal families so that trust is engendered.

“Building trust is the biggest responsibility of this work.”

Secondly, there has been a tendency for agencies to hide behind issues over the exchange of information about referred families. Clear protocols are needed here stressing the balance between necessary closed family information and what material is needed for informed decisions about family vulnerability.

“Need to know basis only.”

There has been a growing change with a sense of agency emerging but the RSDM needs time *“on-the-ground to become strong”* in the communities. Short term perspectives of a program such as this one is most unsatisfactory as this *“saps people's commitment”*.

“Needs time for gestation.”

Aboriginal staff have a significant role to play in the Safe Families Program at the local level to build the services and the access to these services by community members. Also the prevention of child sexual abuse work is being integrated through Community Prevention Plans, the local action plans, into broader representative Aboriginal organisations such as the Local Aboriginal Land Councils⁷ and the Community Working Parties (CWP's). Community Services, Western Region has reached a partnership agreement with the Murdi Paaki Regional Assembly⁸, the assembly of CWP chairpersons.

There is an urgent imperative to continue with the developing work of the Safe Families Program beyond the 2012/2013 financial year. If funds were

⁷ The Lightning Ridge, Walgett, Brewarrina and Bourke (Nulla Nulla) Local Aboriginal Land Councils (LALC's) are grouped in the North Western LALC Region, the Wilcannia LALC is within the Western LALC Region.

⁸ Murdi Paaki Regional Assembly (MPRA) is the peak representative structure that represents the interest of Aboriginal and Torres Strait Islander people in 16 communities across Western NSW. MPRA and its membership of Community Working Parties, CWPs, form the governance framework that provides strategic engagement and co-ordination from Australian and NSW Governments and service providers for the delivery of services and programs against priorities determined by Aboriginal people through a comprehensive planning process. After some years of activity, membership was extended to include 4 Young Leader representatives who change from time to time and representatives from peak representative body for the CWP's in Western NSW, on child protection plans with each of the CWP's (<http://www.mpra.com.au/aboutus.html>, accessed 28 April 2013).

available then this would need to be built into a policy position that affirms a governmental position of:

“Don’t start if you are going to walk away.”

9 Analysis of the Operations and Outcome of the RSDM of the Safe Families

The interview-based accounts with the three members of RACSAG gave rise to the following set of key factors that were seen as influential, either positively or not so positively, on the operations of the RSDM

9.1 Key Factors Associated with the Operations of the RSDM as perceived by RACSAG Members

1. The Safe Families Program as a Departure in Organisational Practice for the Office of Aboriginal Affairs, NSW

The NSW Premier and Cabinet Office structured the Safe Families Program with the Office of Aboriginal affairs as the lead in its implementation. This decision put an organisational strain on the OAA as, in the main, it was a departure from its community capacity building history. This organisational strain or shift in bureaucratic practice may have been a factor in the inconsistent performances of some Community Engagement Officers in Stage 1 and the 'bad press' for the Program in some of the communities.

2. Flexibility Pressures on Government Frontline Workers

Government frontline services delivery personnel require support up through their departmental hierarchies for responsible and accountable decisions that they judge were necessary in working with vulnerable families, decision that may result in actions not normally in their defined scope of work.

3. Professional Development Programs for More Seamless Interagency Responses by Case Management Teams

Professional development through the training of local workers interfacing with vulnerable Aboriginal families is an obvious area of improvement in the operation of the RSDM. This training must reflect the CCG operation as the core of the RSDM at the local level. The interagency aspect of the CCG operations must also be maintained.

4. RSDM Works but Needs more Gestation Time

The increased numbers of vulnerable family referrals through 2012 up to the present, when compared to the number of prior referrals, show that the RSDM is working. But a preventative approach to intergenerational anti-social and

anti-wellbeing phenomena takes time to reach fruition. Cynicism can arise when programs of this nature are only operational in communities over short time periods.

5. Safe Families and Change Management

The effective implementation of the Safe Families Program in five remote Aboriginal communities of Western and Far West NSW has presented organisational challenges at all levels of the agencies involved. Attention to change management strategies was a neglected area in the implementation of the RSDM.

6. NGO's as Essential Partners with Government Agencies

The role of NGO's in the operations of the RSDM is acknowledged and must continue. Recognition for the pressure NGO's have been under in the Aboriginal communities must be addressed at the RACSAG level.

7. Increasing the Agency of Aboriginal Individuals and Organisations

As of the time of the evaluation of the RSDM there is evidence of a growing sense of agency by members of LARG's and by other Aboriginal representative community associations. Agreements by Community Services over child protection plans; with the Murdi Paaki Regional Assembly of local CWP's and with Local Aboriginal Land Councils; auger well for strengthening partnerships between agencies and Aboriginal communities.

9.2 Summary of the Key Factors associated with the Implementation of the RSDM as identified by the RACSAG Members

The key factors are summarised in Table 9.1 below. As before, in Tables 5.1 and 7.1, the seven key factors included in Table 9.1 have been categorised as those making a positive contribution to the operations of the RSDM, those acting as barriers to the effective operations of the RSDM and those indicating room for improvement. These key factors need to be read in conjunction with those summarised in Tables 5.1 and 7.1 in order to arrive at a fuller picture of the key factors influencing the operations of the RSDM.

Table 9.1: Key factors associated with the implementation of the RSDM of the Safe Families Program: RACSAG Members' Perspective

RSDM Component	Positive Contribution	Barrier to Effective Operations	Room for Improvement
RACSAG	NGO's as Essential Partners with Government Agencies	The Safe Families Program as a Departure in Organisational Practice for the Office of Aboriginal Affairs, NSW	Flexibility Pressures on Government Frontline Workers
	Increasing the Agency of		Professional

RSDM Component	Positive Contribution	Barrier to Effective Operations	Room for Improvement
	Aboriginal Individuals and Organisations		Development Programs for More Seamless Interagency Responses by Case Management Teams
			RSDM Works but Needs more Gestation Time
			Safe Families and Change Management

9.3 Thematic Analysis of the Key Factors Influencing the Effective Implementation of the Revised Service Delivery Model of the Safe Families Program: RACSAG Members Perspective

Three themes are included below. As above, for each theme a number of contributing strategic actions is listed. These themes and strategic actions reflect the evidentiary advice forthcoming from the consultations with the RACSAG members.

9.3.1 Three Positively Contributing RSDM Operational Themes

Theme 1: Safe Families have a Working Model that needs more Gestation Time

Strategic Actions:

- i. Refer to the strategies listed above for Theme 1 arising from the Contracted NGO's perspective (refer to Chapter 8).

Theme 2: Safe Families as a Challenge requiring Organisational Change Management Strategies

Strategic Actions:

- i. Refer to the strategies listed above for Theme 2 (Contracted NGO's perspective, Chapter 8) and Theme 5 (Community-based Consultations, Chapter 6).

Theme 3: Building Strong Partnerships to Sustain Child Sexual Abuse Prevention

Strategic Actions:

- i. Refer to the strategies listed above for Theme 3 (Contracted NGO's perspective, Chapter 8) and Themes 1 and 4 (Community-based Consultations, Chapter 6).
- ii. Continue to build partnerships between government, non-government agencies and local and regional representative

Aboriginal associations premised on family health and wellbeing including child protection.

9.4 Conclusion to the Thematic Analyses (Chapters 5, 7 and 9)

The three thematic analyses based on the community-focused, contracted NGO focused and RACSAG focused consultations have produced, in total, twelve broad themes relevant to the operation of the RSDM across the five Aboriginal communities from the beginning of 2012 to the present. The twelve themes, as an interactive package, provide an evidence-based way forward in any enhancement of the RSDM of the Safe Families Program into the future.

Figure 5 below summarises this relationship between the themes as a package and the enhancement of the RSDM of the Safe Families Program.

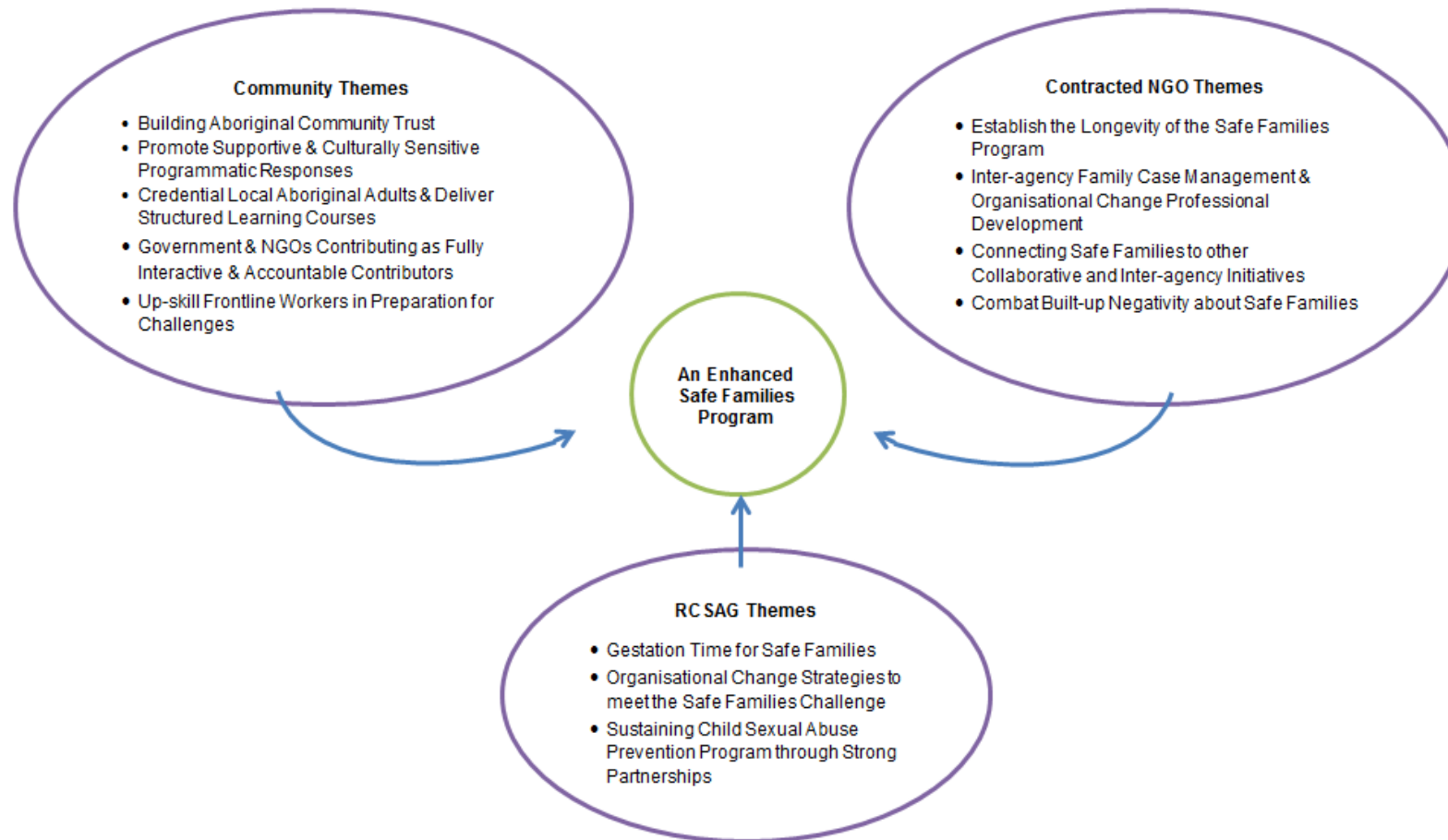


Figure F: Thematic Drivers of a Safe Families Program under an Enhanced RSDM

10 Future Prospects for the Continuation of the Safe Families Program under the RSDM Introduction

An element in the scope of the evaluation of the Revised Service Delivery Model (RSDM) of the Safe Families Program was to consider the prospects for the Program continuing into the future beyond June 2013 when there is a strong possibility that NSW Government funding for the Program will not continue. Specifically the evaluation consultants were to explore the potential for the Program to continue under the support of the participating agencies' current budgets and frameworks as a sustainable approach to continuing the work of the Program under the RSDM.

The community consultations therefore explored through all interviews and group discussions the scenario of the Safe Families Program, as structured by the Revised Service Delivery Model (Safe Families Mk II in this context after Safe Families Stage 1), continuing to be implemented in the five Aboriginal communities in a modified form after 30 June 2013 when the current funding cycle concludes.

Over the series of consultations with members of the LARG's, CCG's and IP's from Bourke, Brewarrina, Walgett and Lightning Ridge a structure emerged with a strong degree of consensus from participants in the consultations. Wilcannia LARG, CCG and IP members, as the first to be involved in the community consultations, did not have the benefit of responding to the post-June 2013 scenarios being proposed by participants in the subsequent community consultations. As a result, input from Wilcannia was minimal although Wilcannia Aboriginal IP members supported the idea of the Safe Families work being continued through a mix of local Aboriginal organisations.

A structure for the continuation of the Safe Families Program involving its key components; that is, the coordination of community engagement, education and awareness-raising, referrals of vulnerable families and interagency case management of these families, all in association with Aboriginal community input to these child sexual abuse preventative activities, is proposed below. This proposed structure has been tentatively termed SF Mk III.

10.1 SF Mk III

The proposed structure for the delivery of the Safe Families Programmatic activities, as shaped over the past fifteen months by the RSDM, with reduced government resourcing has the following six interactive elements:

1. Each Community's LARG continue as a sub-committee of their Community's Community Working Party with a portfolio of responsibilities relevant to the prevention of child sexual abuse.
2. The members of each Community's LARG meet with the active members of the Community's CCG and IP to develop:
 - a. A service provider agency Memorandum of Understanding (MOU) that contains the following agreements:
 - That their agencies will maintain a coordinated family referral and case management approach to the provision of their services to consenting vulnerable families; and
 - That their agencies will maintain an interagency approach to the delivery of their services to consenting vulnerable families.
 - b. Procedures that would facilitate the active implementation of such a MOU in the community; procedures including:
 - Maintaining an interagency coordination group comprising service agencies that are MOU signatories in order to facilitate the interagency practices of case managing vulnerable families;
 - Organising meetings on a fixed schedule – monthly or bi-monthly
 - Agencies sharing the administration (secretariat and chairperson roles) of the interagency coordination group on a three month or six month rotation (depending on the schedule of meetings).
 - RSDM contracted NGO's handover of their administration procedures and files for each community to the locally based agency prepared to undertake the initial administration of the coordination group - these procedures and files to pass onto the next administering agency in the rotation;
 - Resourcing the interagency coordination group administration from within the budgets of those agencies involved in the rotational administration;
 - Maintaining current Safe Families Program family referral and case management protocols but extending the confidentiality protocol to the administration staff of each agency taking on the administration of the interagency coordination group. Administration staff have access only to family codes. Full family names with attached codes are kept secured with Community Services;
 - Identifying a central location in the community for hosting the interagency coordination group meetings, a location with teleconferencing facilities.

3. Non-locally based agency members are able to participate in meetings of the interagency coordination group by the use of teleconferencing facilities.
 - Develop procedures for the conduct of meetings to which members are connected by voice point;
 - These procedures may include procedures for chairing by voice point in the case of a non-locally based chairperson.
4. The Community's LARG and revised interagency coordination group continue to work together implementing the LARG's Prevention Plan by:
 - Maintaining the Issues Panel as a joint LARG/Interagency Coordination Group entity;
 - Holding meetings of the Issues Panel as before under the RSDM of the Safe Families Program; that is, immediately after the meetings of the interagency coordination group;
 - The agency taking on, in rotation, the secretariat and chairing roles of the interagency coordination group takes on these same roles for the Issues Panel;
 - Resourcing of the engagement and educative activities and events of the Issues Panel comes initially from within the budgets of the participating agencies.
5. The Community's LARG members and the service agencies participating in the interagency coordination group organise and conduct twice yearly professional learning forums with a focus on improved practices associated with:
 - Community engagement, education and awareness-raising with respect to child and young person sexual assault prevention; and
 - Interagency case management of vulnerable families.
6. The Community's LARG members, in consultation with the Community Working Party, consider an appropriate Aboriginal name for SF Mk III.

10.2 Further Comments on the Feasibility of the Proposed SF Mk III Structure

The above SF Mk III structure is not without implementation challenges. These include:

- The level of 'maturity' achieved under the operation of the RSDM at the five communities since January 2012. As is clear from the evidence gained through this Evaluation, each community as a site for the implementation of the Safe Families Program during Stage 1 and then into the RSDM has experienced a different evolution of the Program-in-Action resulting in different stages of Program maturation as envisaged by the designers of the RSDM. Given these site-by-site differences, it is expected that some sites will struggle more to address any additional demands the proposed SF Mk III may impose on those sites still grappling with the coordinated interagency ethos of the RSDM.

- The level of commitment to coordinated interagency ways of working with vulnerable Aboriginal families by agencies in each community and the 'embeddedness' of coordinated interagency practices more generally amongst local government and non-government organisations;
- The available resources available within the agencies' organisational budgets in each community, resources needed to meet the costs of coordination at the level experienced under the RSDM 2012 to June 2013;
- The available resources within the budgets of the collaborating agencies in each community to address any shortfall in the brokerage funds previously provided by government for the operations of the CCG's and IP's from 2012 to June 2013;
- The prospect of local government and non-government agency personnel being able to constructively collaborate on family case management planning and delivery.

Taking these challenges into account, it seems prudent to treat each community as a site in which the Safe Families Program has been 'piloted' for the past five years. It follows from this perspective that a more customised response to the continuation of the child sexual abuse prevention program/project is now appropriate. A customised response for each community would assess the current climate for sustainable coordinated interagency ways of operating amongst local agencies and the corresponding support for this approach from the representative Aboriginal community organisations.

A customised response to the continuation of the child sexual abuse prevention program/project in Bourke would be more attuned to the SF Mk III structure than a customised response in Wilcannia given the differences in their respective climates for sustainable coordinated interagency practice. From the evidence available to this Evaluation it would appear that Lightning Ridge is another 'outlier' but unlike Wilcannia has a stronger LARG which augers well for continuing community support. Although Wilcannia and Lightning Ridge are both outliers in the sense of program maturation towards coordinated interagency practice, customised responses for both communities would, however, be unique for each.

Walgett and Brewarrina appear on the continuum between the two outlier communities and Bourke with respect to coordination of interagency service provision for vulnerable families. Both communities have significant support from key Aboriginal community members with links to broader representative community associations. Customised responses to these two communities based on SF Mk III would, perhaps, have greater similarities.

10.3 Conclusion

There is an argument that, given the defraying of costs envisaged under SF Mk III back to the participating agencies, the NSW Government may respond to identified funding gaps in order to maintain the sustainability of this coordinated interagency approach to the prevention of child sexual abuse in Aboriginal communities.

It was made clear to the evaluation consultants that the contracted NGO's had been 'generous' in their augmentation of available government funding for the administration of the RSDM CCG's and IP's. That being the case, gap-filling funding from government would need to be informed by the level of NGO contribution for effective administration of coordinated interagency practices in remote Aboriginal communities. In undertaking such an inquiry, RACSAG may, in the first instance, discuss with Mission Australia NSW the funding model that was implemented to achieve the positive RSDM outcomes at Bourke.

11 Recommendations from the Evaluation of the RSDM of the Safe Families Program

11.1 Introduction

The recommendations included in this Evaluation Report relate, firstly, to the proposal arising from the consultations for a continuation of an Aboriginal child sexual abuse prevention program in accordance with the programmatic structure outlined in Chapter 11 of this Report, secondly, to the strategic actions associated with each of the themes distilled from the survey-based and the consultation-based data collection undertaken for the Evaluation of the RSDM of the Safe Families Program during April/May 2013.

The recommendations have been grouped under five sub-headings.

11.2 Recommendations

11.2.1 A Continuation of an Aboriginal Child Sexual Abuse Prevention Program

Recommendation 1:

That the Aboriginal child sexual abuse prevention program involving the five Aboriginal communities in Western and Far West NSW continues beyond June 2013 supported by NSW government funding available to the related core business of its own agencies and, in addition, made available to address essential shortfalls.

Recommendation 2:

That in order to clearly establish the longevity of the Safe Families Program:

- 2(a) Build active support and commitment in communities for the Safe Families Program through policy statements on the prevention of child sexual abuse in Aboriginal communities that have bi-partisan agreement for a funding commitment of up to a decade;
- 2(b) Build active support and commitment in service agencies through a tendering process that contracts NGO's in a staged timeframe with progression from one stage to the next secured by satisfactory achievement of the contracted objectives of each stage in turn.

Recommendation 3:

That customised responses to the revised RSDM proposal be designed after consultations within each of the five communities. The resulting programs should be implemented within a rigorous accountability framework that identifies key outcomes and expenditure.

11.2.2 Managing Community Distrust and Building Community Knowledge and Engagement

Recommendation 4:

That in order to build Aboriginal community trust in the motives of the agencies involved in the Child and Young Person Sexual Abuse Prevention Program:

- 4(a) Strengthen Local Aboriginal Reference Groups (LARG's) and support the location of LARG's within a higher-order representative association in the community, for example, the Community Working Party;
- 4(b) Support the establishment of LARG's with a child and young person sexual abuse prevention portfolio of responsibilities within the Community Working Party;
- 4(c) Explore the range of opportunities for Aboriginal community members to contribute to the case management of vulnerable families and, in consultation with the LARG and CCG, pilot agreed-upon actions;
- 4(d) Explore improved ways for government and non-government agencies to engage with established local and regional Aboriginal community groups and to build stronger partnerships premised on family health and wellbeing including child protection.

Recommendation 5:

That in order to expand community members' awareness and knowledge about the prevention of child sexual abuse with the goal of constructive community engagement:

- 5(a) Undertake explicit child and young person sexual abuse prevention messaging to the Aboriginal community including messages highlighting the connection between family violence and sexual abuse;

- 5(b) Where feasible, re-establish a 'Shop Front' open to the community to promote the visibility of the preventative programs.

Recommendation 6:

In order to facilitate Aboriginal community members' engagement with the Safe Families Program:

- 6(c) Address explicitly Aboriginal community concerns about any 'hidden agenda' of the child and young person sexual abuse preventative program and perceptions of discrimination;
- 6(d) Acknowledge the history of child removals from Aboriginal families in the community and elsewhere, and address negative perceptions family members may have about current practices of government agencies in this regard.

Recommendation 7:

That in order for local Aboriginal adults to gain qualifications about family wellbeing and health and for young people to become more informed and aware:

- 7(a) Bring directly into the scope of child and young person sexual abuse preventative programs the promotion and delivery of VET and CAE courses on child development, parenting, family wellbeing and healthy lifestyles;
- 7(b) Support the introduction in the communities' schools of preventative education and awareness raising programs intent on reducing the incidence of child and young person sexual assault.

11.2.3 Improving Interagency Practices with Vulnerable Aboriginal Families

Recommendation 8:

That in order for Government and Non-government Agencies to contribute to servicing the complex needs of vulnerable Aboriginal families as fully interactive and accountable contributors:

- 8(a) Induct all agencies with capacities and services relevant to addressing the complex needs of vulnerable Aboriginal families into a structured case management model that includes planning, clear tasking, monitoring and review;
- 8(b) All agencies undertake case management of vulnerable Aboriginal families report on their service delivery responses to

an interagency coordinating group comprising all government and non-government agencies active in the child and young person sexual abuse prevention program in the community;

- 8(c) Maintain active and dedicated administrative support for the coordination of interagency responses to the prevention of the sexual abuse of children and young people in each Aboriginal community.

Recommendation 9:

That in order to up-skill frontline workers to better prepare them for the specific challenges of servicing the complex needs of vulnerable Aboriginal families:

- 9(a) Provide regular professional development opportunities for all staff of agencies delivering preventative sexual abuse services focused on professional practices contributing to effective interagency case management of vulnerable Aboriginal families;
- 9(b) Provide regular professional development opportunities for all staff of agencies delivering preventative sexual abuse services focused on improved cultural competencies linked to effective interagency case management of vulnerable Aboriginal families.

Recommendation 10:

That in order to upgrade and maintain a skilled and culturally competent workforce responding to the complex needs of vulnerable Aboriginal families:

- 10(a) Conduct refresher and induction sessions for continuing and new agency workers about the history of the Safe Families Program to date and the program logic underpinning RSDM which was expressly developed to address the complex needs of vulnerable Aboriginal families. These sessions must clarify the distinction between case management practices with vulnerable families and those with ROSH families;
- 10(b) Embed interagency case management professional development programs within an organisational change framework for both government and non-government agencies working with vulnerable Aboriginal families;
- 10(c) Agencies seeking to work in the Safe Families Program agree to undertake interagency case management professional development prior to involvement;
- 10(d) Broaden the collaborative interagency approach to family case management of vulnerable Aboriginal families to include as many as possible of the other service agencies in each Aboriginal community such that the collaborative interagency

approach becomes generally accepted as the best practice model by most, if not all, agencies.

11.2.4 Connect the Safe Families Program to other Government-funded Interagency Initiatives

Recommendation 11:

That the Safe Families Program, as structured by the revised RSDM, be explicitly linked to the other NSW Government initiatives in Aboriginal communities that seek to coordinate the local service agencies' responses to the complex needs of vulnerable families, initiatives such as the Public, Central and High Schools' *Connected Communities Schools* program.

11.2.5 Building a Local Workforce

Recommendation 12:

That the shortage of locally based agency staff in Aboriginal communities be addressed as a matter of urgency.

12 Conclusion

The evaluation of the RSDM of the Safe Families Program undertook a comprehensive approach within a limited timeframe. The consultants acknowledge that they had access to less than satisfactory quantitative data from which to assess levels of program effectiveness against clear KPI's. This aspect of the data availability placed a limitation on the evaluation to provide comment on outcomes in sufficient detail to satisfy the expectations of government agency management; particularly those seek quantified 'value for money' measures.

That said, the evaluation has provided an abundance of information on the lived experiences of those coping with the daunting demands of the Program, demands heightened by the cross-cultural and the cross-agency nature of the operations of the Program.

The quantitative and qualitative analyses of this information included in this Report, culminating in the recommendations, provide a rich evidence-based framework for government and non-government agencies to re-access their provision of services to vulnerable Aboriginal families.

This framework, while supported by the data collected through the methodology of this Evaluation, is further supported by the prior research into the prevention of Aboriginal child sexual assault referred to in the literature review included in this Report.

The evidentiary triangulation, involving quantitative data from the evaluation's survey, qualitative data from both the evaluation's survey and the evaluation's consultations and the research-based conclusion of the literature review, has produced a compelling future direction for government-funded initiatives in the vexed area of Aboriginal child and young person sexual abuse prevention.

Appendices

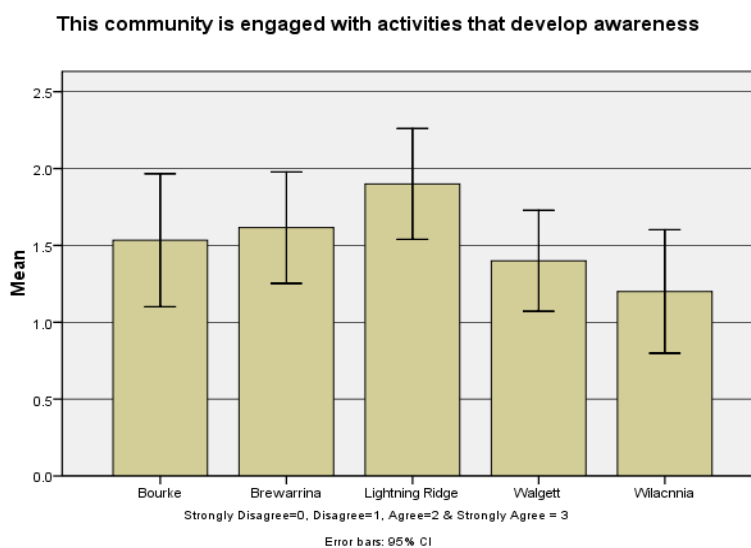
Appendix 1: Survey: Likert Scaled Item Responses - Calculated Mean Responses and Initial Commentary

This appendix contains the graphed means and the initial commentary based on responses to the items in the survey requiring a Likert styled response.

Community Engagement and Education Elements of the Safe Families Program

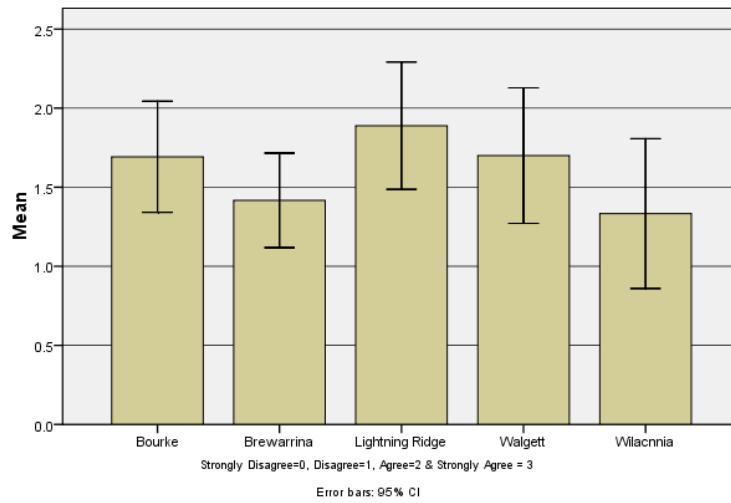
The graphed analyses of the survey response data and commentary for community engagement are presented first followed by the graphs and commentary for community education.

Community Engagement



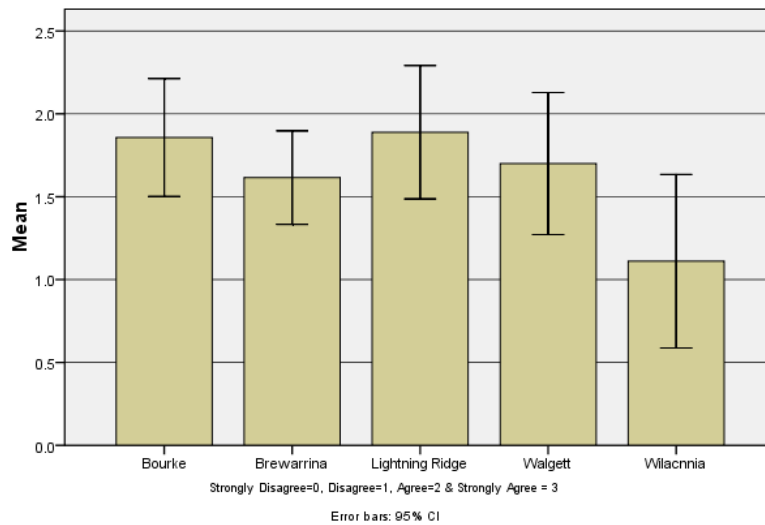
Respondents judged that, in the main, the communities were not overly engaged with awareness developing activities with the Wilcannia community least engaged and the Lightning Ridge community the most engaged.

The Issues Panel have an effective plan to improve community engagement



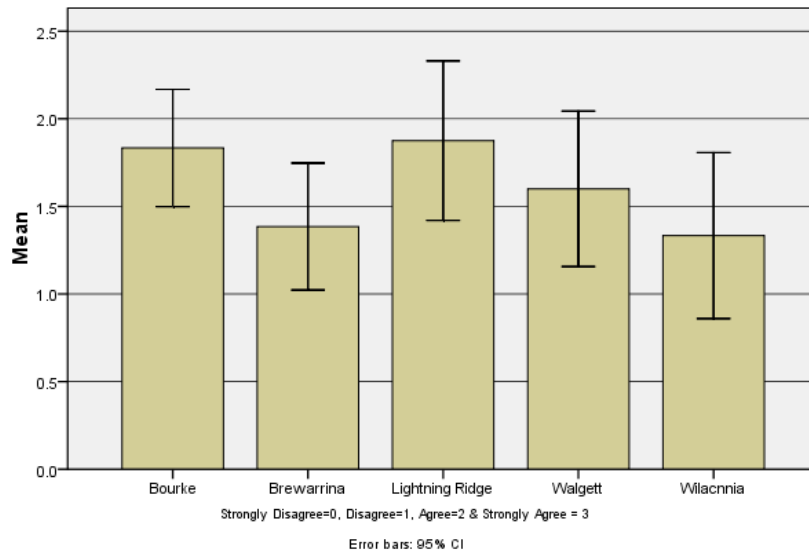
Respondents’ perceptions, when averaged, judged that the Issues Panels in the five communities did not have highly effective community engagement plans with Brewarrina and Wilcannia Issues Panels having the least effective plans while the Issues Panel at Lightning Ridge had the most effective.

Plans for community engagement have been developed jointly with the Issues Panel and the LARG



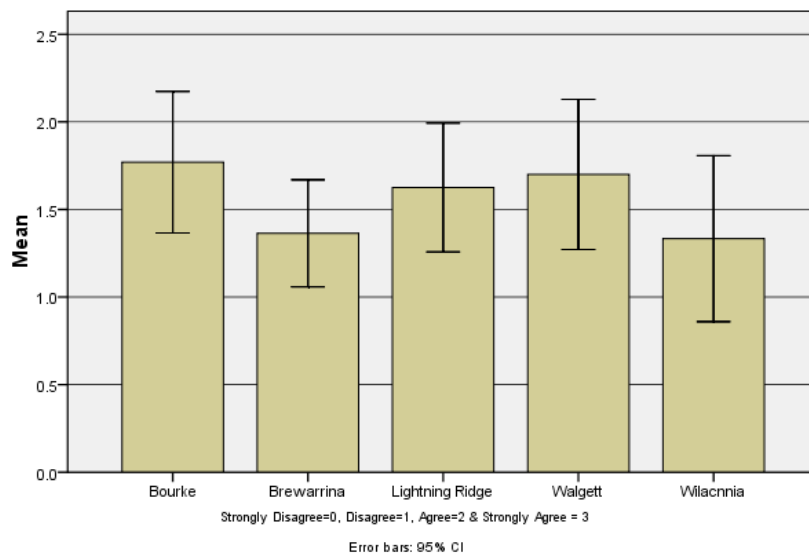
While averaging across all five communities below the ‘Agree’ level of 2, Bourke and Lightning Ridge are rated highest for joint Issues Panel/LARG development of their community engagement plans. Wilcannia is the clear outlier in regard to this criterion recording the lowest rating.

Community engagement plans are well documented



Community engagement planning is rated by the survey respondents at a mean level below ‘Agree’ for all communities. Documentation of these plans for Bourke and Lightning Ridge are more positively perceived than planning documentation for the remaining three communities, with Brewarrina and Wilcannia having the least positive perceptions.

The outcomes of the engagement activities are meeting the goals of the plan

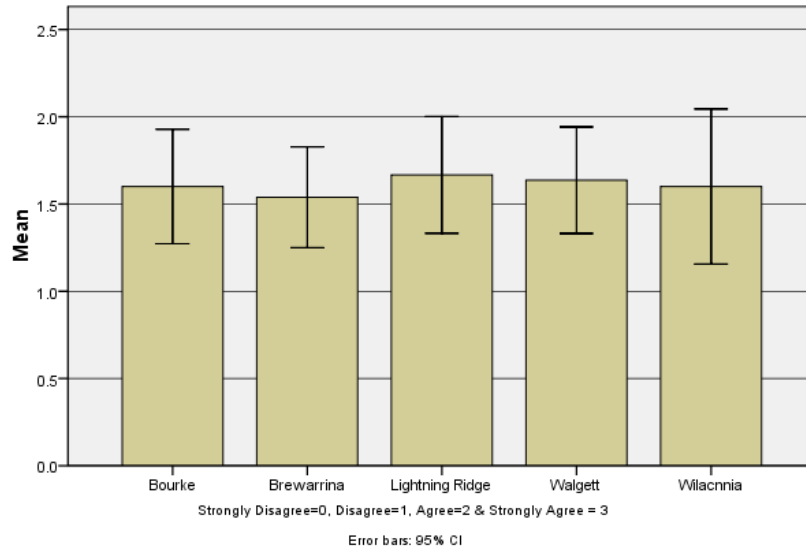


Not surprisingly the respondents’ judgements on the outcomes of the community engagement plans were, across the five communities, that planned goals were, on average, not being met. The responses are clustered around a mean of 1.5 with Bourke’s plan-related outcomes judged to have the highest correspondence with planned goals. The outcomes for Brewarrina

and Wilcannia engagement plans were judged to have the lowest correspondence with planned goals.

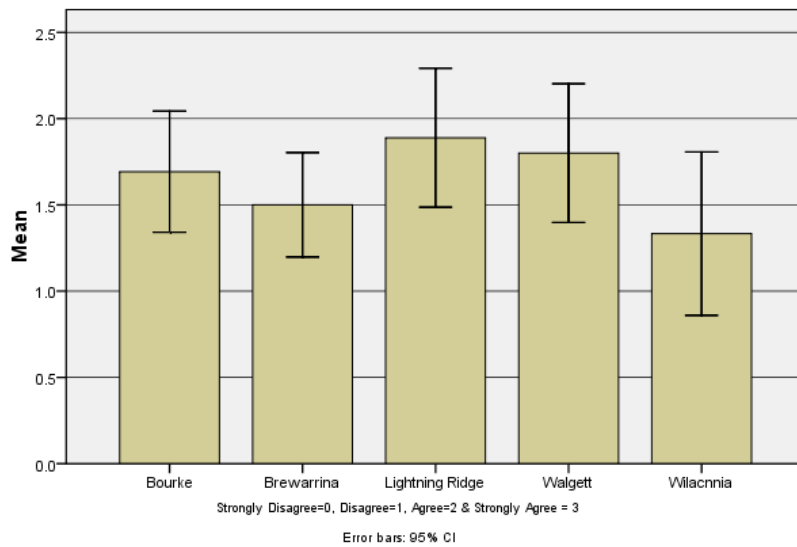
Community Education

There are adequate opportunities available for the community to improve their education



Opportunities for community education on the prevention of child sexual abuse were judged, on average, by survey respondents to be uniformly low. The ratings for all communities cluster around a mean of 1.5 with minimal differences between each township.

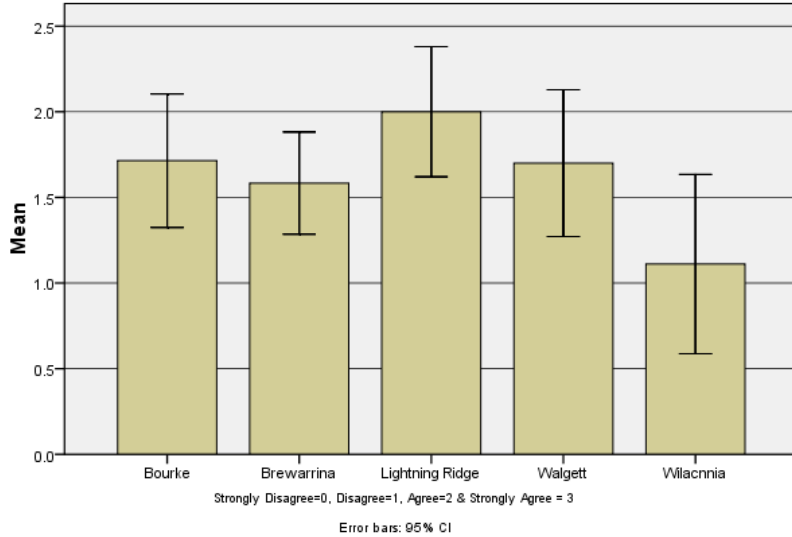
The Issues Panel have an effective plan to improve community education



The judgements on the effectiveness of the plans Issues Panels have for community education mirror those above for community engagement planning

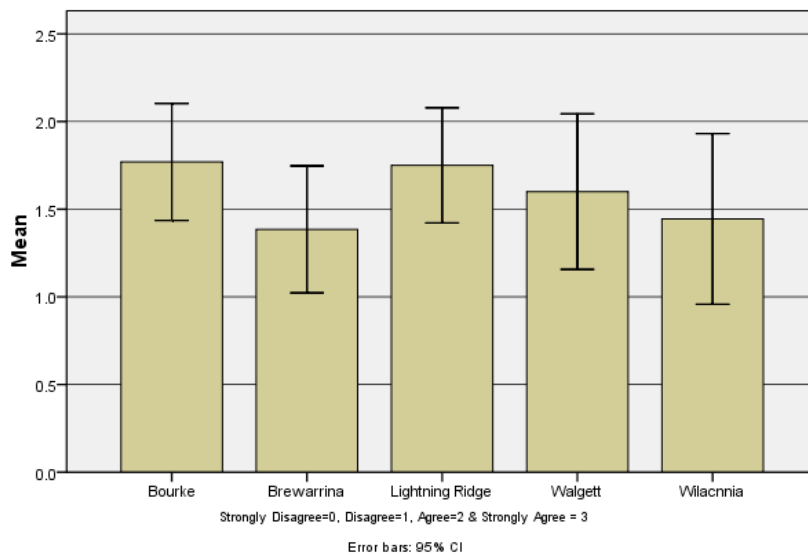
with the plan at Lightning Ridge judged as the most effective and the Wilcannia plan as the least effective.

Plans for community education have been developed jointly with the Issues panel and the LARG



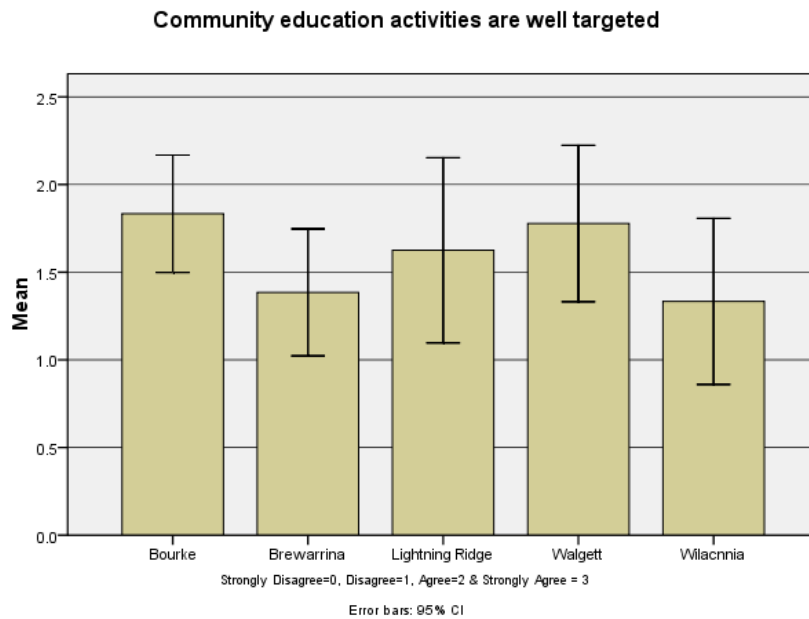
There is a close match between respondents’ judgements, on average, between the joint development of education plans and engagement plans although the joint development process between the Issues Panel and the LARG at Lightning Ridge, while judged most favourably, was rated at a mean of 2, the highest rating on any criterion in this Engagement/Education section of the survey. Wilcannia was rated lowest with a rating close to a mean of 1.

Community education plans are well documented

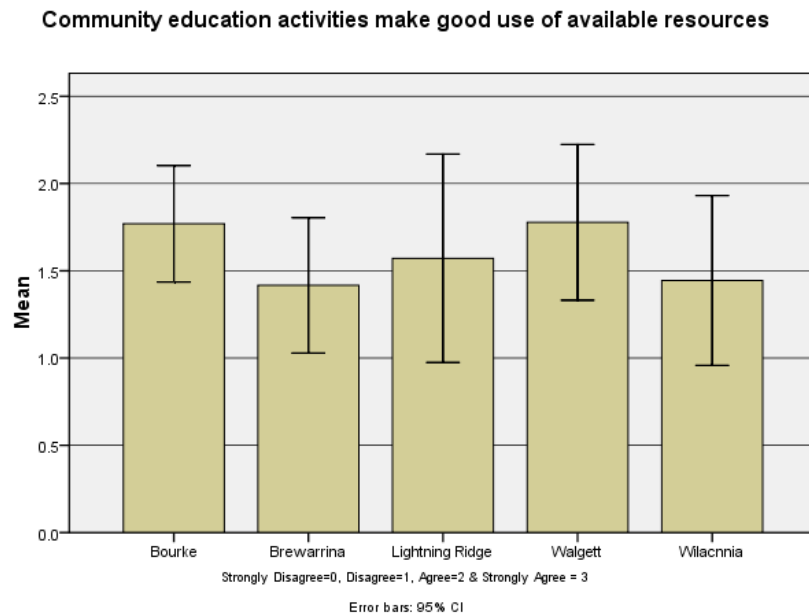


The pattern of judgements on the documentation of the communities’ education plans is similar to that for the community engagement plans but

with a smaller degree of variation across the communities giving a slightly increased negativity overall.

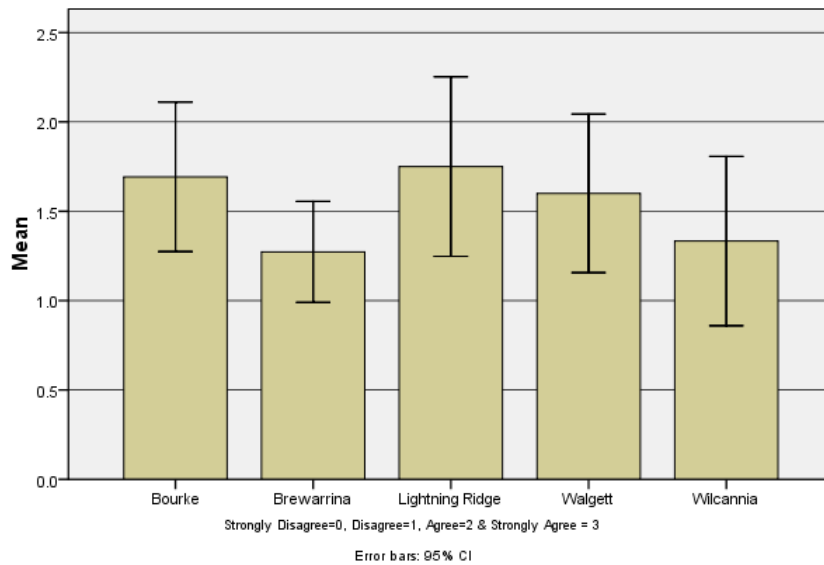


The respondents' judgements to this criterion show a similar pattern to that generated by their responses to the criterion '*The outcomes of the engagement activities are meeting the goals of the plan*'. There is a similar clustering around a mean of 1.5 but with the means for Bourke and Walgett slightly higher than their means for the '*meeting the goals*' criterion.



The graph above shows the respondents' ratings for the use of available resources in the implementation of community education activities. The results mirror those for the targeting of these education activities.

The outcomes of the educational activities are meeting the goals of the plan



As to the mean of the judgements on the correspondence between the outcomes of community education activities and the goals of the community education plans, the respondents for each community rated Bourke, Lightning Ridge and Walgett more-or-less at the same level clearly above the ratings for Brewarrina and Wilcannia.

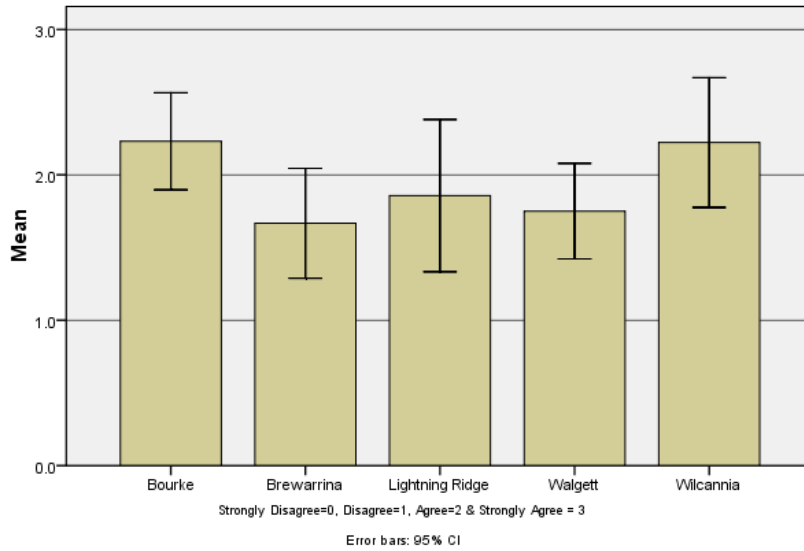
Family Referral and Case Coordination Elements of the Safe Families Program: Organisational Operations

Respondents to the survey were asked to rate nine criteria or items interrogating the effectiveness of the family referral and case coordination aspects of the Safe Families Program under the Revised Service Delivery Model. The stem question leading respondents into a consideration of these items was “*In regards to your working environment with the (name of community inserted) community, to what extent do you agree with the following statements?*” The same four point Likert scale as for the community engagement and education criteria was used for this section of the survey. The graphed means and confidence intervals for each of the nine items follow with comparative commentary under each graph.

In reviewing these outcomes for family referrals and case coordination it is necessary to alert the reader to the variable nature of family referrals and active family case management across the five communities as presented in Chapter 2 of this Report. This caveat applies particularly to the Lightning Ridge Case Coordinating Group (CCG) that has had no referrals and no

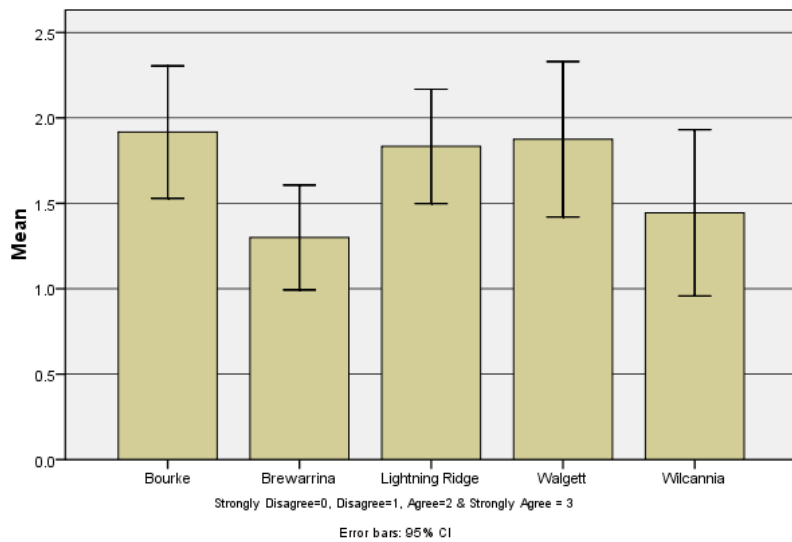
families being case managed under the RSDM version of the Safe Families Program.

I am clear on my role in providing services through the Case Coordination Group



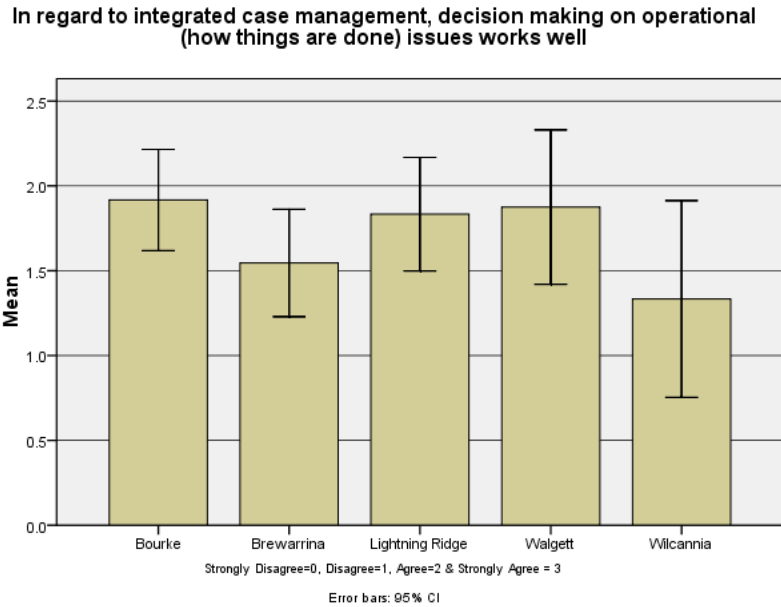
There is a greater degree of clarity about respondents' CCG role for the Bourke and Wilcannia CCG's with both means above a rating of 2. The respondents for remaining community CCG's cluster below 2 indicating a level of role uncertainty.

In regard to family referrals, decision making on operational (how things are done) issues works well

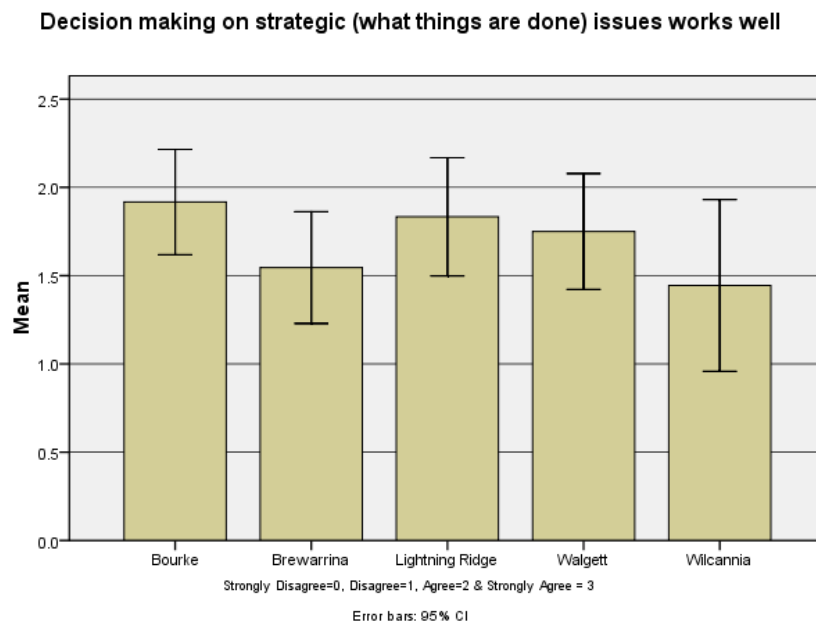


Here the Walgett CCG joins with the Bourke CCG in the effectiveness of the decision-making process relating to family referrals. Both have means just

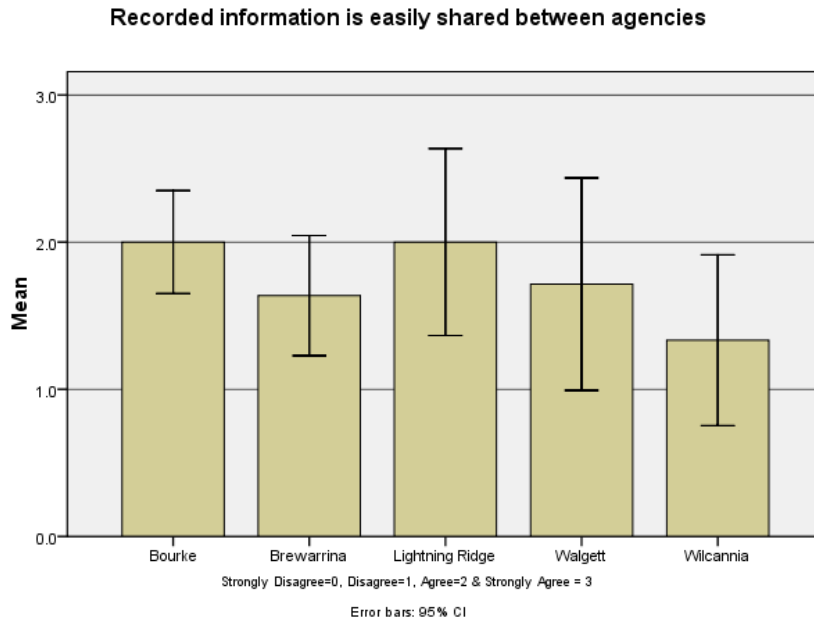
below 2 but with the positive range of the 95 percent confidence level reaching beyond 2. In contrast the means for Brewarrina and Wilcannia are below 1.5 with confidence level ranges below 2. The working of family referrals decisions through the Brewarrina CCG is of particular concern.



Respondents judged that the integrated case management of vulnerable families is working better at the CCG’s in Bourke and Walgett than at Brewarrina and Wilcannia and these judgements are on a par with respondents’ corresponding ratings for the family referral processes of these CCG’s. The greatest variation in responses is for members of the Wilcannia CCG.

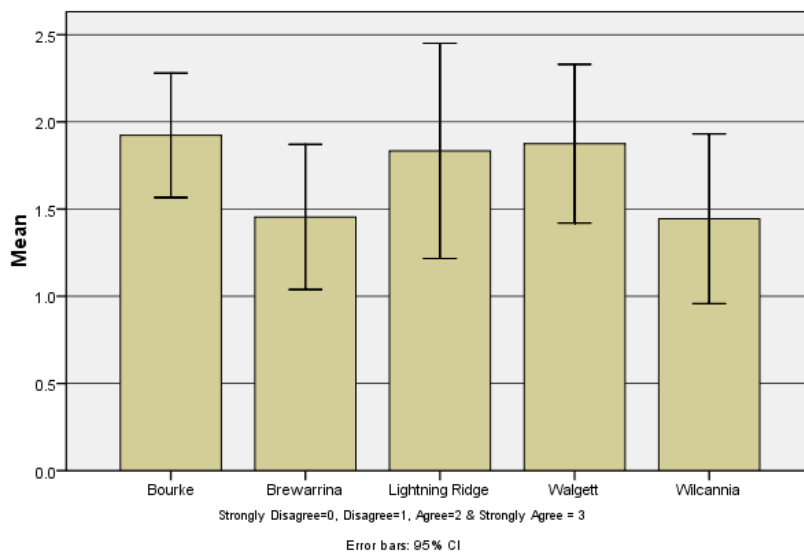


Strategising is working best at the Bourke CCG followed by the Lightning Ridge and Walgett CCG's. The mean ratings on this item for Brewarrina and Wilcannia cluster around 1.5.



Putting the positive result for the Lightning Ridge CCG to one side, Bourke is once again has the standout CCG with respect to information sharing between agencies. Respondents had issues on this score with the remaining three CCG's with Wilcannia CCG receiving the lowest rating.

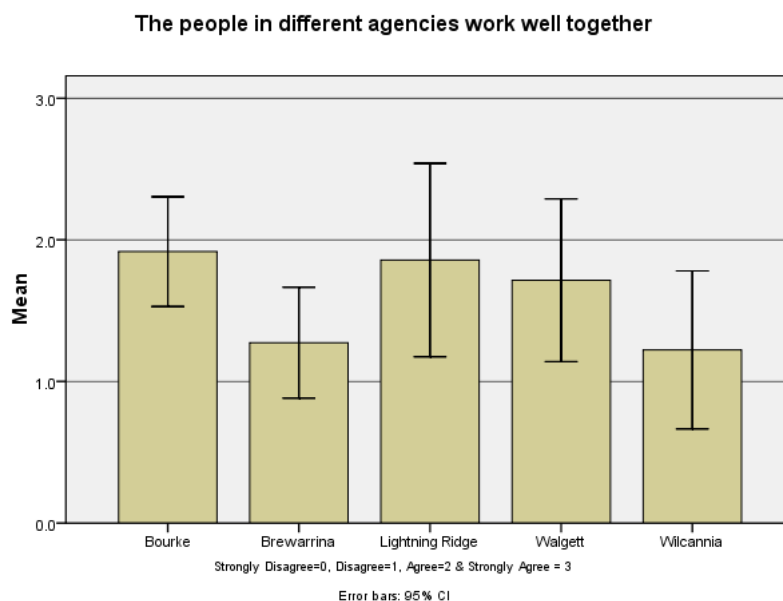
My input to CCG discussions is valued as part of the decision making process



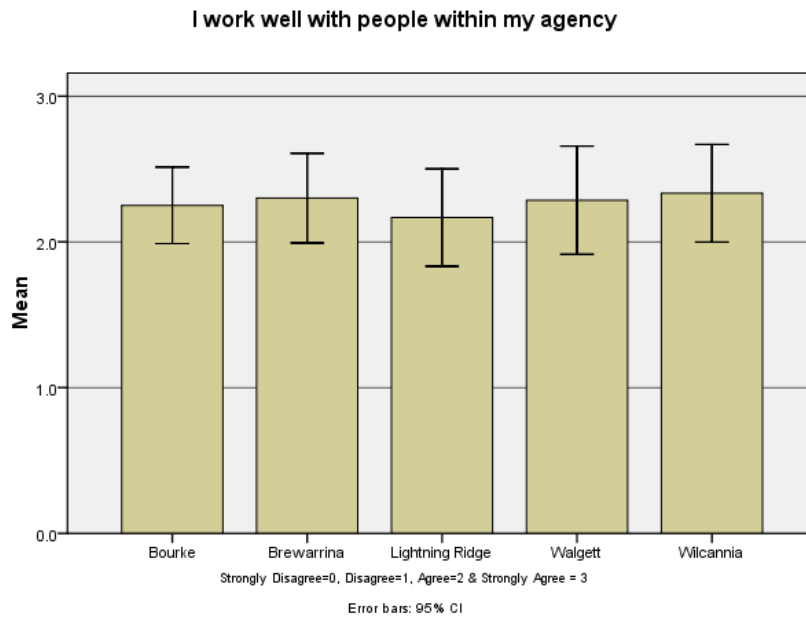
CCG participants at Bourke and Walgett perceived that their input to decision-making is valued at a higher level than is the case for the perceptions of

Brewarrina and Wilcannia CCG members. Overall however, all means for this item fall below 2, which is a concern.

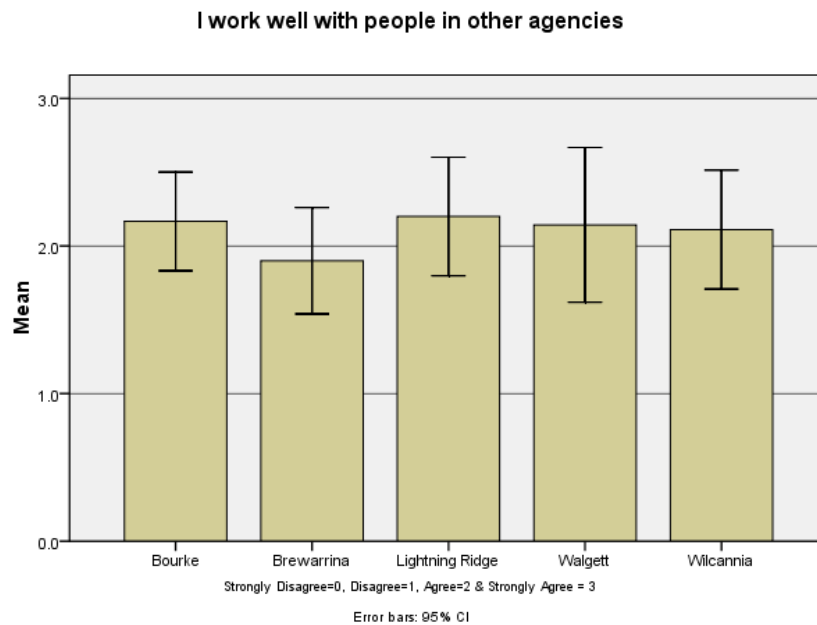
The graphs below are of the analyses of the survey responses for the three items interrogating how well people in the agencies, represented on the CCG's, work together. These three items are precursors to the more thorough interrogation of interagency matters in the following section of the survey entitled 'Interagency Arrangements'.



The perception is that agency representatives work best together at Bourke, Lightning Ridge and Walgett, although it must be noted that the agency people associated with the Lightning Ridge CCG have yet to be tested through an integrated case management arrangement involving a consenting referred vulnerable family. Respondents from the Brewarrina and Wilcannia CCG's point to difficulties in interagency work in their communities. Given that all means on this item are below a rating of 2, the efficacy of people from different agencies working together presents as an issue.



There is general agreement from respondents that within-agency working arrangements are satisfactory.



While acknowledging difficulties other people have in working with people from agencies other than their own (see above), respondents to the survey are less inclined to criticise themselves on this issue. Respondents associated with the Brewarrina CCG are perhaps slightly more self-reflective or, alternatively, are faced with personnel from other agencies who are more difficult to work with.

Interagency Arrangements as an Element of the Safe Families Program

The survey items included in the Interagency Arrangements section of the survey were listed in groups under four sub-headings. These sub-headings were:

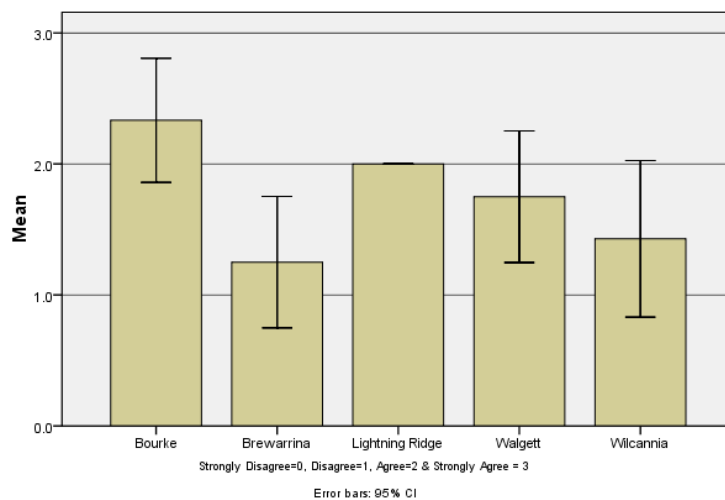
- Collaboration and Representation;
- Delivery of services through the interagency model;
- Staffing and Community; and
- Workforce Development.

The items listed under these sub-headings allowed for a more detailed interrogation of the actual interagency practices in the five communities associated with the Safe Families Program.

Collaboration and Representation

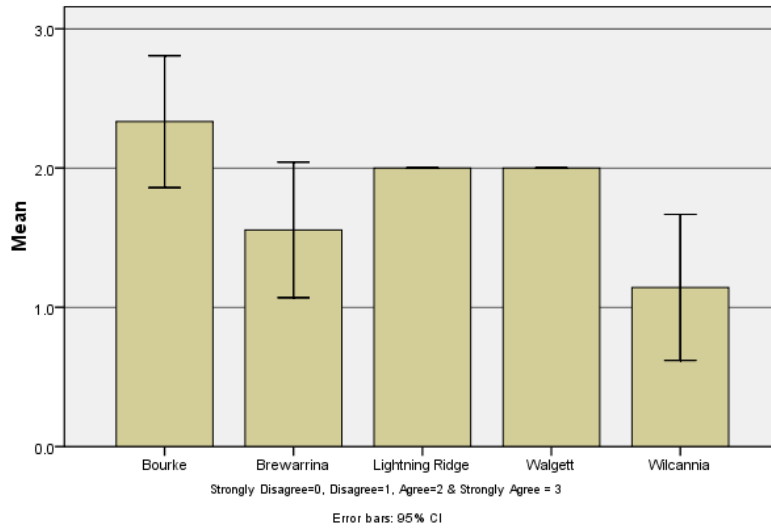
Respondents to the survey were asked to rate ten items interrogating the levels of collaboration and representation on and at Issues Panel (IP) and CCG meetings. The same four point Likert scale as for the above sections of the survey was used. The graphed means and confidence intervals for each of the ten items follow with comparative commentary under each graph.

The different agencies collaborate well together on community engagement activities



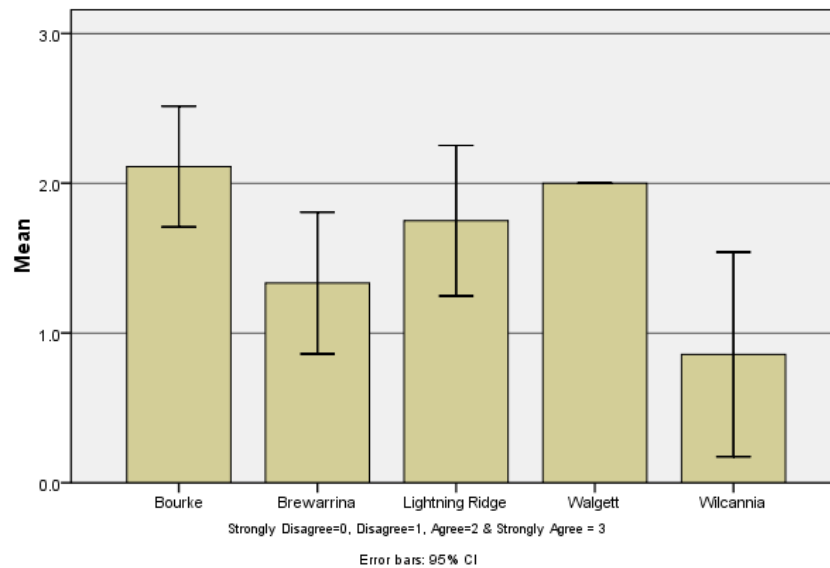
On agency collaboration on community engagement activities, the collaboration between agencies at Bourke is rated with a mean well above 2 making Bourke a positive outlier in the above pattern. The Lightning Ridge community is rated by respondents at the 'Agree' level of 2 and the Walgett community is rated closer to a mean of 1.75. Brewarrina and Wilcannia are rated well below 2, with Brewarrina rated below Wilcannia.

The different agencies collaborate well together on community education activities



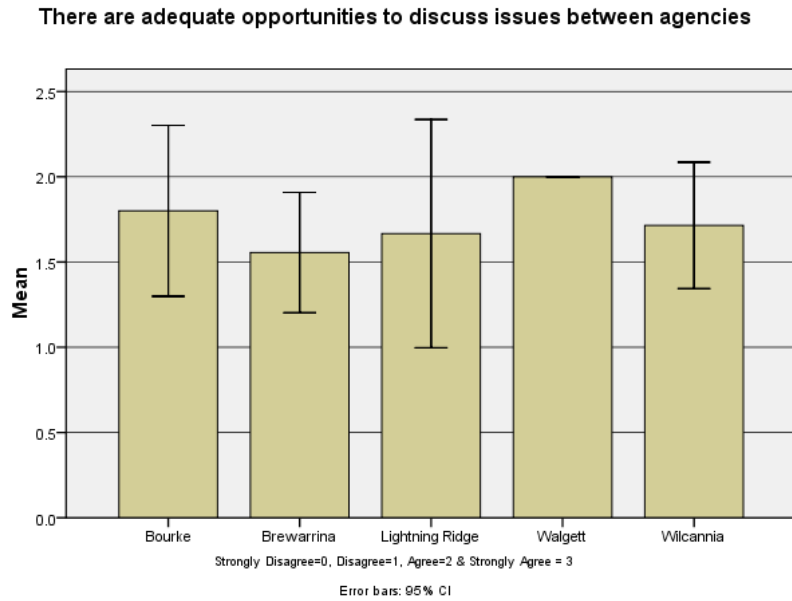
The collaboration between agencies at Bourke is rated with a mean well above 2 making Bourke again a positive outlier. Walgett and Lightning Ridge communities are rated consistently by respondents at the ‘Agree’ level of 2. While Brewarrina and Wilcannia are rated well below 2, Wilcannia is rated close to a mean of 1 indicating general disagreement with the proposition.

The different agencies collaborate well together on family case management

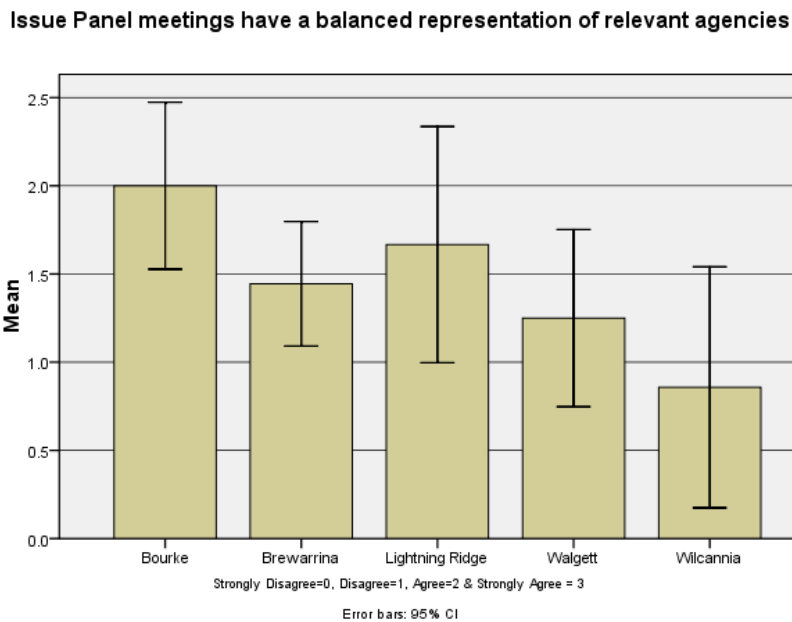


Respondents rate interagency collaboration on family case management with a mean just above or at ‘Agree’ for Bourke and Walgett CCG’s respectively. The ratings for Brewarrina and Wilcannia CCG’s are well below those for Bourke and Walgett CCG’s with the Wilcannia mean below 1 and a negative

95 percent confidence interval range bottoming out close to zero, indicating some response(s) in the ‘Strongly Disagree’ category.



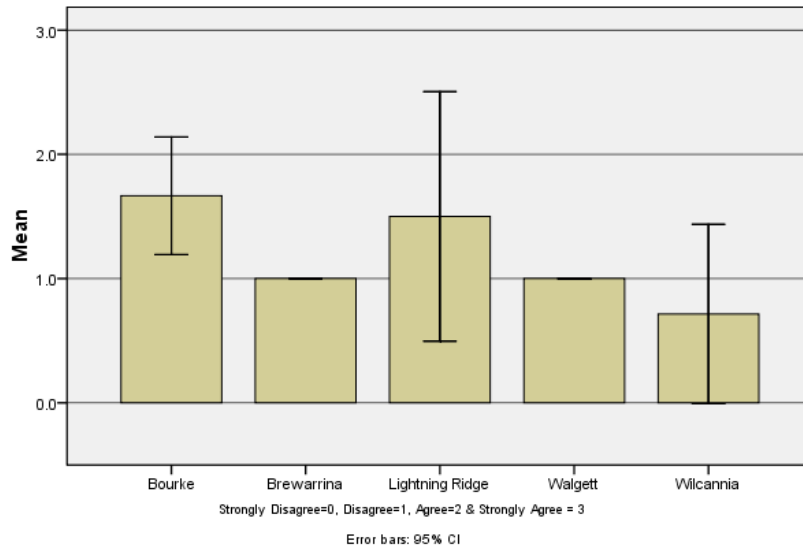
While overall the respondents rated adequacy of opportunities for interagency discussions of issues between 1.5 and 2 with Walgett receiving uniformly responses of ‘Agee’, there is a perception that more opportunities are needed in the four other communities.



Respondents reflecting on the balance of agency representation at IP meetings rated only Bourke IP with a mean of 2, “Agree”. Agency representation at the Wilcannia IP is the negative outlier with a mean below 1, “Disagree” followed by the rating for the Walgett IP. The remaining two IP’s

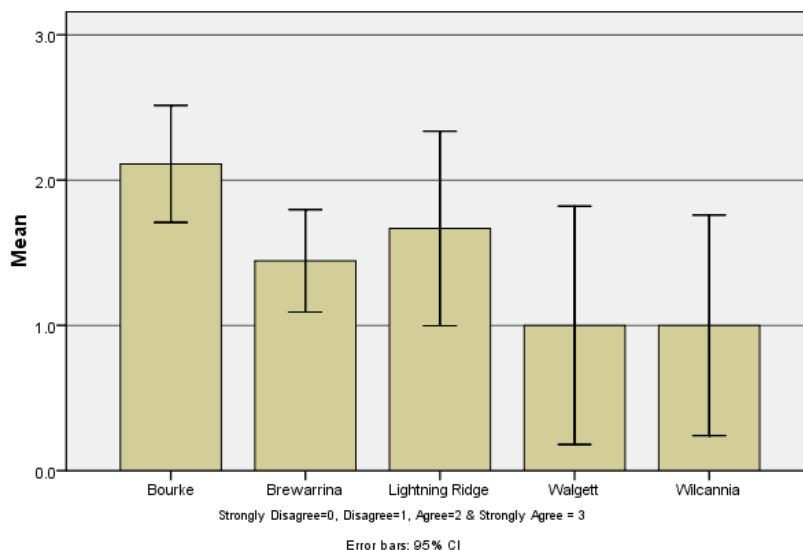
cluster around 1.5. Clearly, for all communities except Bourke balanced representation of agencies at IP meetings is an issue.

Issue Panel meetings have a balanced representation of relevant community members



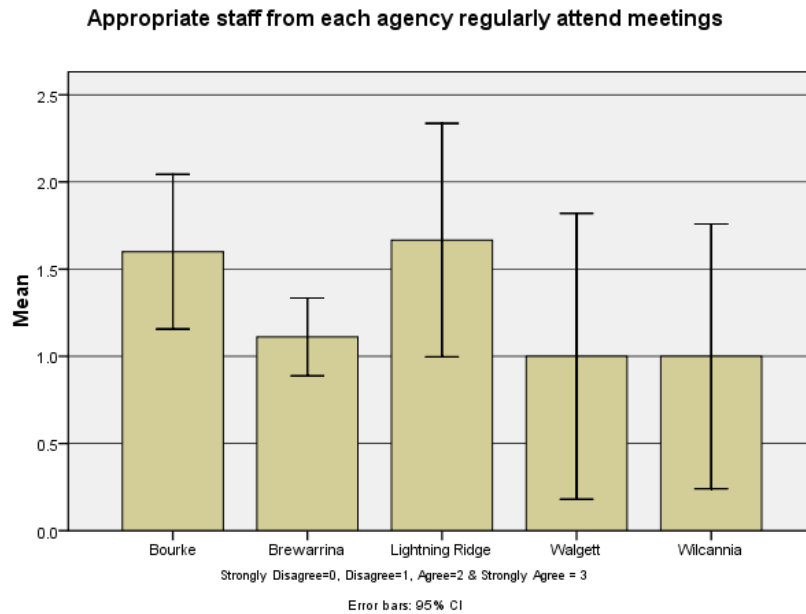
The pattern of responses is the most negative overall for the survey response data analysed. All means are below 2, with means for three communities at or below 1. The 95 percent confidence interval range for the Wilcannia IP bottoms out at zero. Respondents see the imbalance of community representation on IP’s as a significant issue.

CCG meetings have a balanced representation of relevant agencies



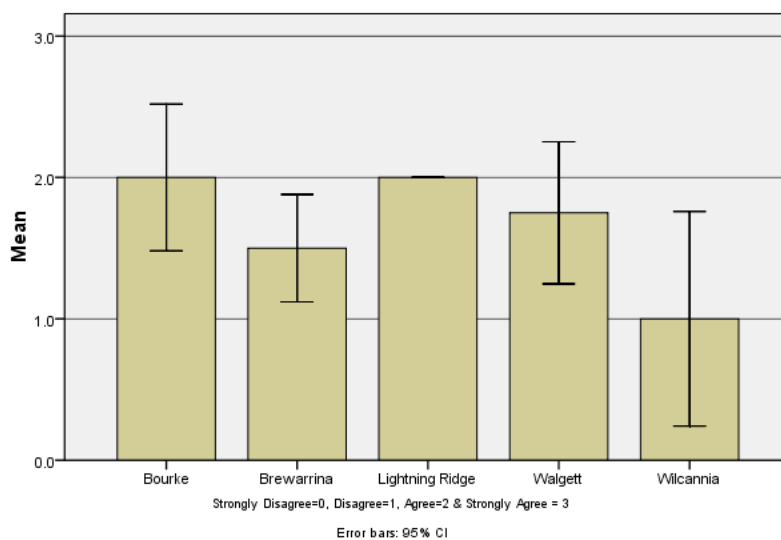
Representation of agencies at CCG meetings is clearly an issue for four communities with only Bourke CCG rated above 2 for balanced representation. The ratings for Brewarrina and Lightning Ridge CCG’s cluster

around 1.5. Walgett and Wilcannia CCG’s recorded the most imbalanced representation of agencies with means of 1. Balanced representation of agencies at CCG meetings is a further concern in four communities.



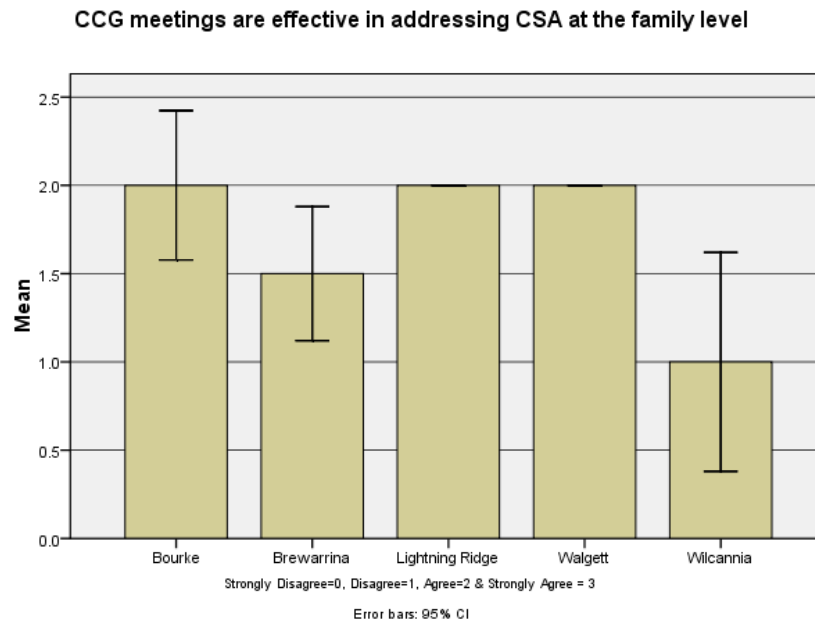
Balanced representation aside, do appropriate agency staff attend IP and CCG meetings? Uniformly the response means are negative on this question. Three community means are on or very close to 1 with the remaining community means just above 1.5. Along with an imbalanced agency representation, agency staff that do attend are not necessarily the most appropriate.

Issues Panel meetings are effective in addressing CSA at the community level



The negative outlier for the graphed means of IP effectiveness in addressing child sexual assault at the family level is Wilcannia with a mean of 1,

“Disagree”. There is agreement, on average, amongst the Bourke and Lightning Ridge respondents with Brewarrina and Walgett rated around a level of 1.5; that is between “Agree” and “Disagree”. This is not an endorsement of IP effectiveness in the Wilcannia, Brewarrina and Walgett communities.

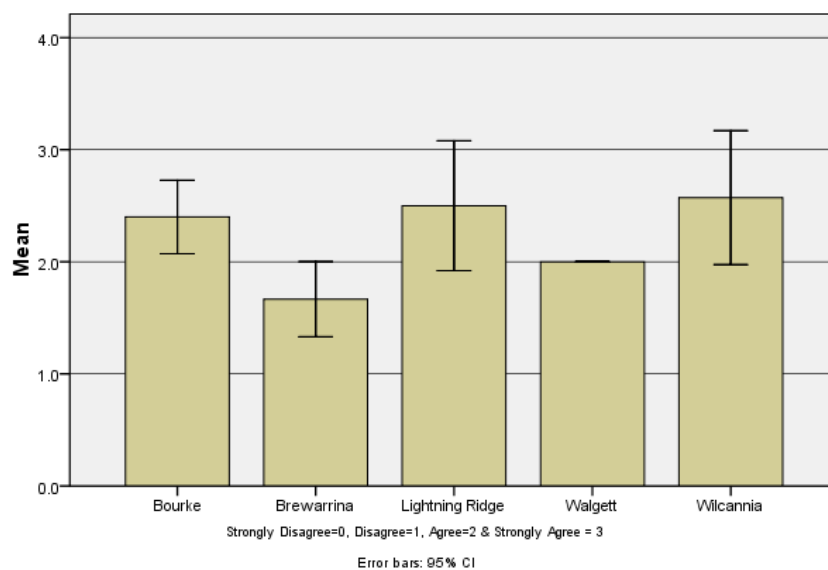


As with the previous graph, Wilcannia is the negative outlier on the effectiveness of CCG meetings in addressing child sexual assault in families. Walgett CCG joins the Bourke CCG with a mean rating of 2, “Agree” on this criterion. The equivalent result for Lightning Ridge is puzzling given that this community’s CCG has not received any family referrals. The mean response for Brewarrina is midway between “Disagree” and “Agree”. There is a disparity here across the four community CCG’s with active family case management in progress on the effectiveness of their CCG meetings in addressing child sexual assault at the family level

Delivery of services through the interagency model

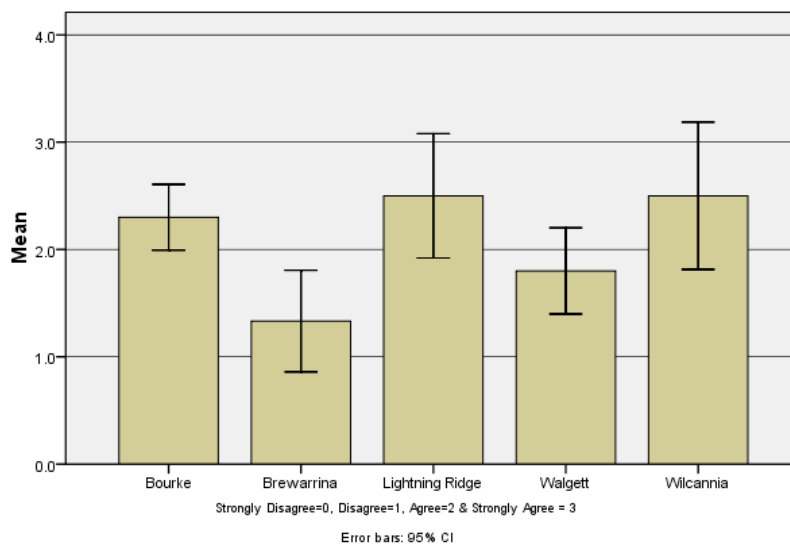
Respondents to the survey were asked to rate eleven items interrogating the delivery of services in their community through the integrated model of the Safe Families Program. The same four point Likert scale as for the above sections of the survey was used. The graphed means and confidence intervals for each of the eleven items follow with comparative commentary under each graph.

I have a good understanding of the aims of the Safe Families program.



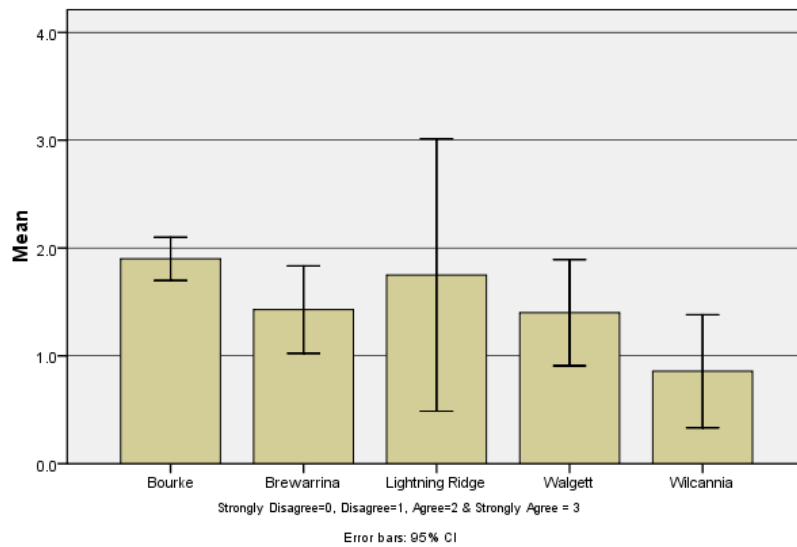
Respondents in general agree that they understand the Safe Families Programmatic aims, more so amongst agency staff working in Bourke, Lightning Ridge and Wilcannia, less so for Brewarrina agency staff.

I have a good understanding of how the Safe Families program works.



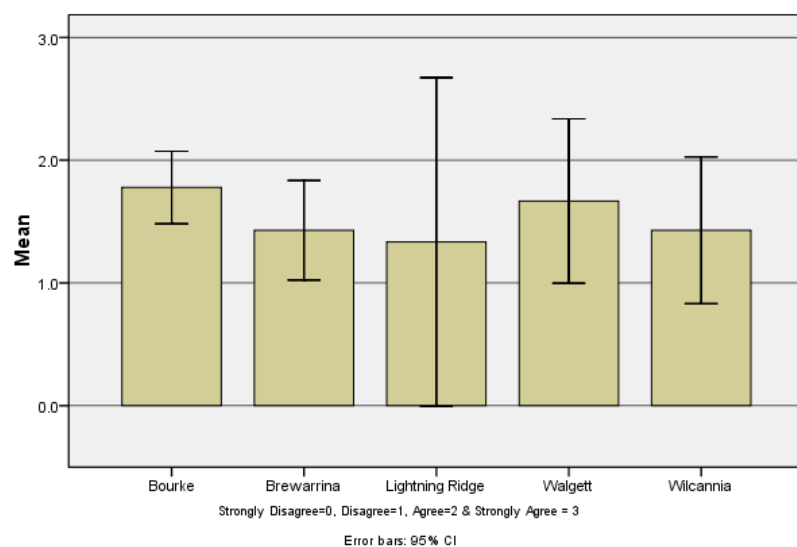
In terms of the programmatic operations of the Safe Families Program respondents associated with Brewarrina and Walgett are less certain, with Brewarrina staff the clear negative outliers. The claim for a clear understanding of both the aims and the operational aspects of the Safe Families Program by Wilcannia agency staff is, from earlier data on the effectiveness of the Program in Wilcannia, no guarantee of positive outcomes.

The process of family referral to the CCG is working well.



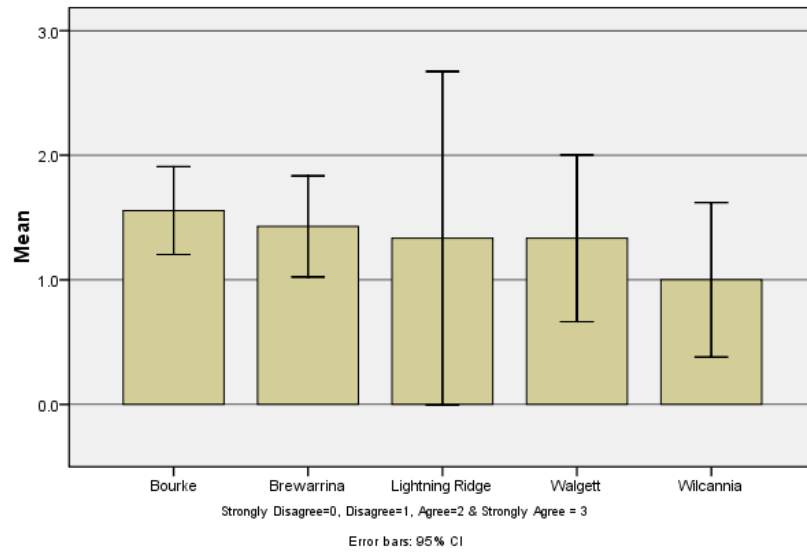
The means of responses to this item highlights a general dissatisfaction with the family referral process under the RSDM. For communities where positive indicators have been noted in other survey items for Safe Families Program outcomes, there are still concerns about the referral process to CCG’s of vulnerable Aboriginal families. Respondents working in Wilcannia are most dissatisfied with the family referral process under the RSDM.

Aboriginal children and young people are offered the full range of services available.



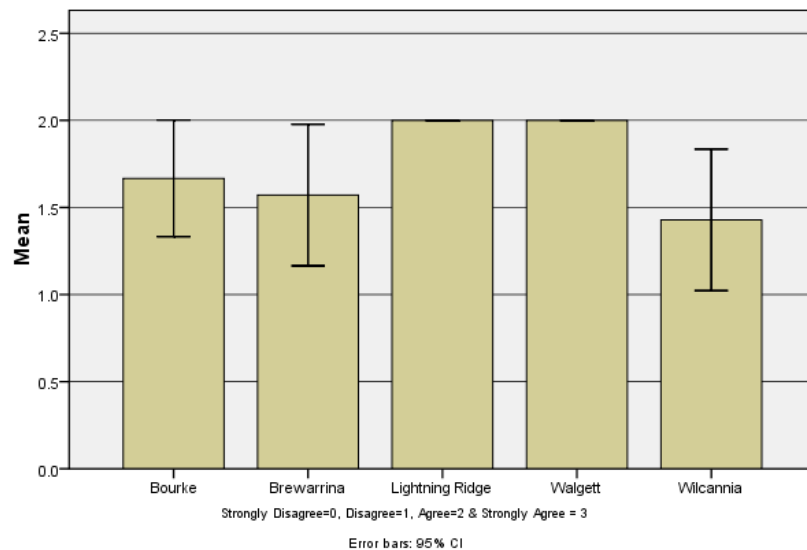
Access to services by Aboriginal children and young people, in terms of services on offer in their communities, is rated by respondents working in all communities in the negative zone (that is, below “Agree”) clustered around a mean of 1.5.

Aboriginal children and young people are receiving the full range of services available.



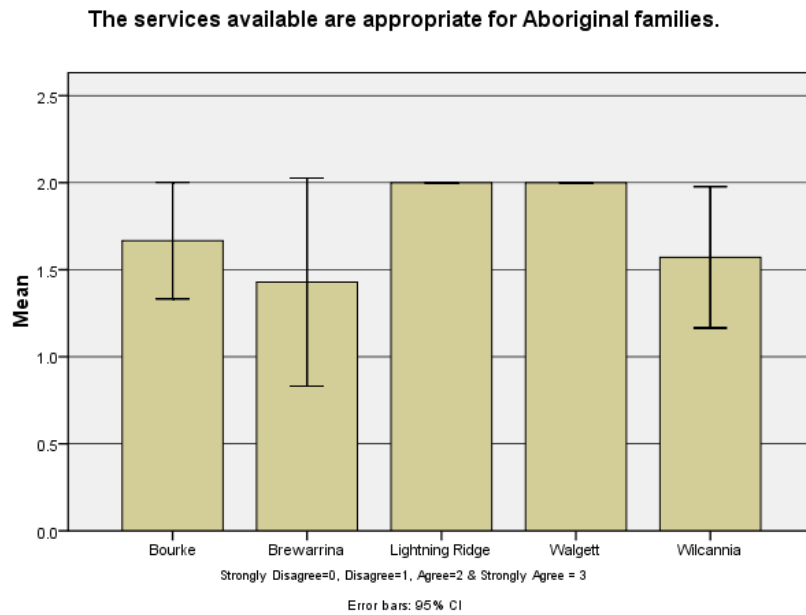
In combination with the access to services data, these data on whether Aboriginal children and young people in these remote NSW communities are receiving the full range of available services is a concern, particularly given the complex needs of vulnerable Aboriginal families. The means of responses on full reception of available services for each community is further into the negative zone when compared to the data in the previous graph, with all except the Bourke community judged, on average, below 1.5.

The services available are appropriate for Aboriginal children and young people.



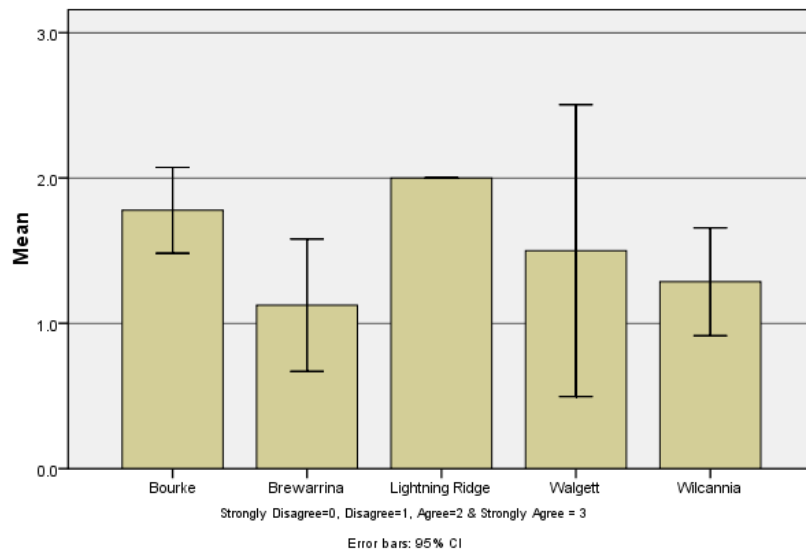
Respondents' judgements on the appropriateness of available services for Aboriginal children and young people in the five remote NSW townships vary. The three communities of Bourke, Brewarrina and Wilcannia are judged to

have less appropriate services available, whilst Lightning Ridge and Walgett are perceived to be better served.



These data on the appropriateness of available services for Aboriginal families correspond closely with the data above for appropriate services for Aboriginal children and young people.

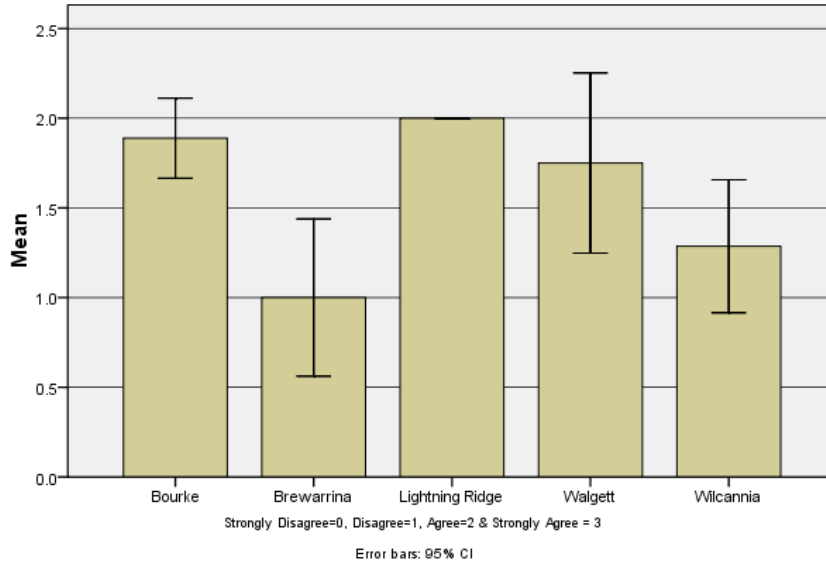
The relationship between different agencies are actively monitored to assist integrated service delivery.



These data return the focus to interagency service delivery with attention to the monitoring of interagency relationships. Given that these relationships have yet to be tested at Lightning Ridge, the positive mean of 2 is put to one side. Of the remaining communities all register a need for improvement in the

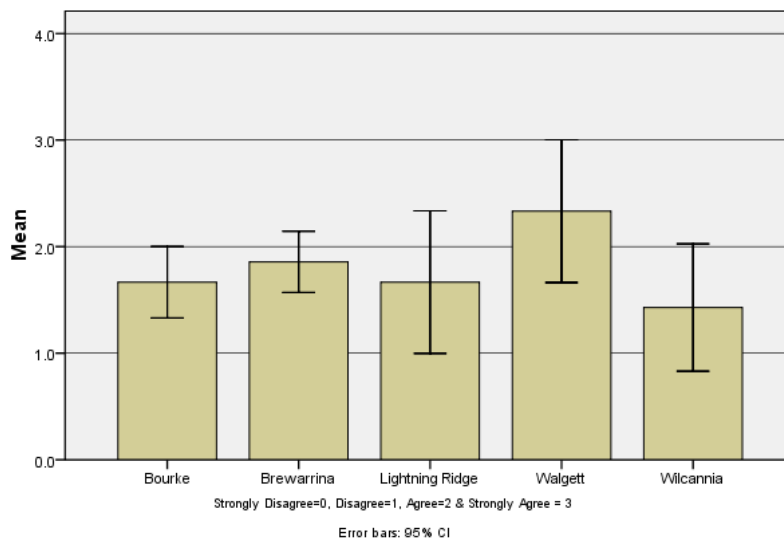
monitoring of these relationships. Bourke CCG appears to be further down the track on this criterion than the CCG's at Brewarrina, Walgett and Wilcannia.

The relationships between different agencies are managed well to assist in opportunities for vulnerable families to receive support.



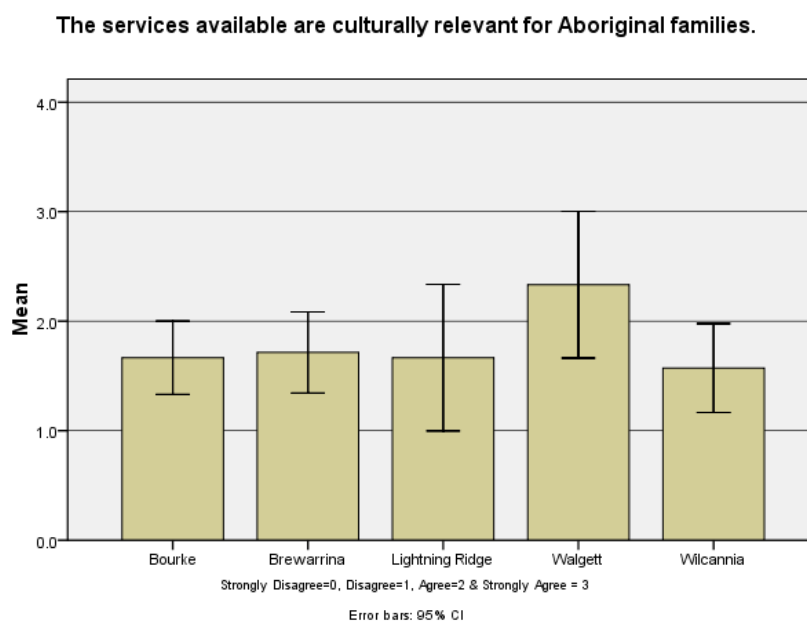
The caveat above on the Lightning Ridge mean response is applied here also. The respondents addressing interagency relationship management by the other CCG's see room for improvement and particularly so at Brewarrina (lowest ranking) and Wilcannia.

The services available are culturally relevant for Aboriginal children and young people.



Walgett respondents judged the cultural relevance of available services for Aboriginal children and young people in that community more highly than was the case for the other four communities. Walgett's mean response was well above 2, "Agree". The Wilcannia mean response was below 1.5 while the

means for Bourke, Brewarrina and Lightning Ridge were between 1.5 and 2. Thus for four of the five communities, cultural relevance of services available to Aboriginal children and young people is a concern.

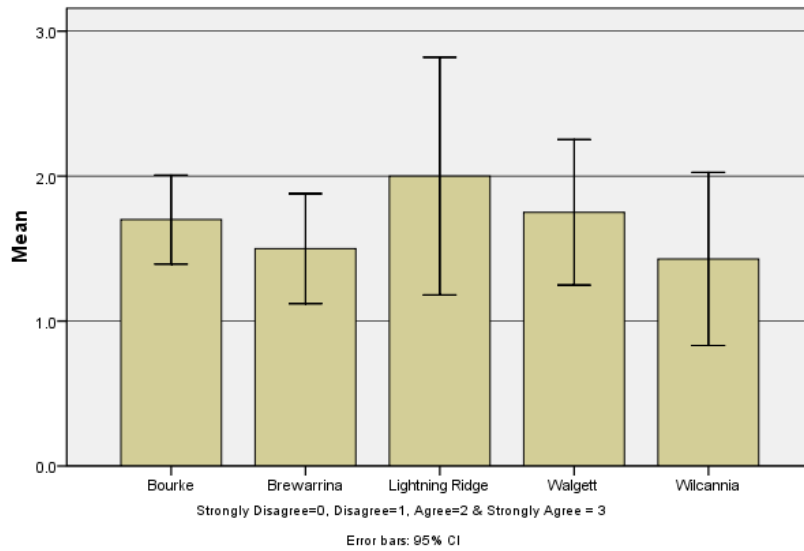


The pattern of the means for the responses on the cultural relevance of services available to Aboriginal families across the five communities mirrors that of the corresponding data for Aboriginal children and young people.

Staffing and Community

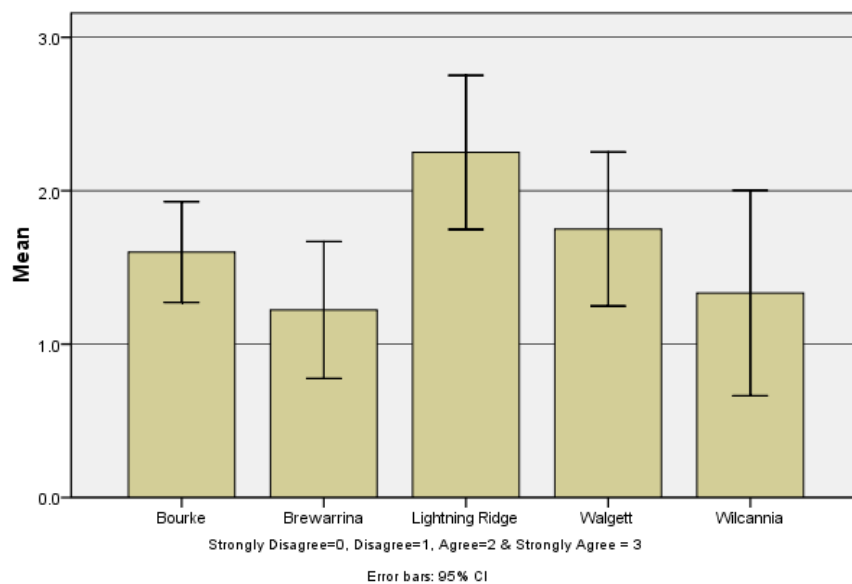
Respondents to the survey were asked to rate six items interrogating the staffing of service agencies in their community involved with the integrated model of the Safe Families Program. The same four point Likert scale as for the above sections of the survey was used. The graphed means and confidence intervals for each of the six items follow with comparative commentary under each graph.

In general, the community trust the staff who deliver services to support vulnerable families.



Putting the result for Lightning Ridge to one side, the respondents' judgements of community trust of service agency staff working with vulnerable families is that more needs to be done in this area to gain a higher level of trust. This is a significant issue given the role community trust plays in the effective operations of the RSDM of the Safe Families Program involving vulnerable Aboriginal families.

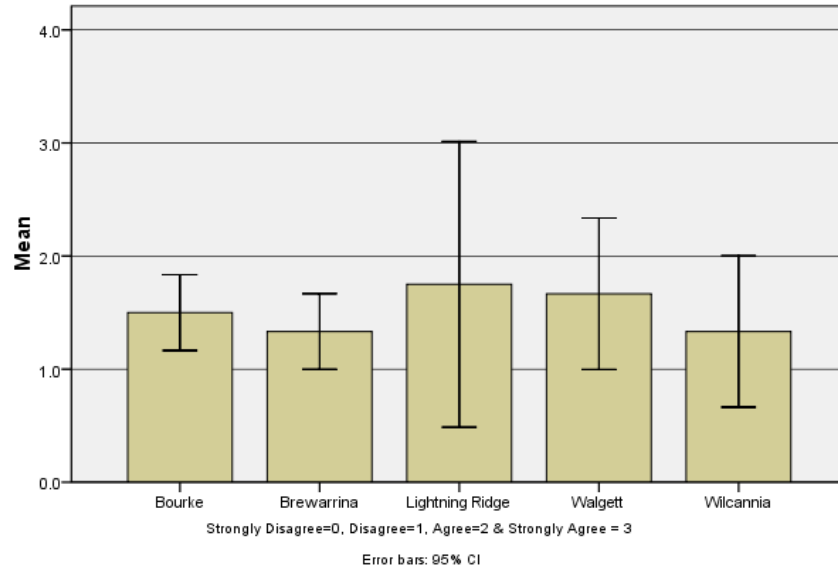
In general, the community feel the service delivery staff are committed to high quality support.



The pattern of respondents' averaged judgements on communities' perceptions of service agencies staff commitment to high quality support is a

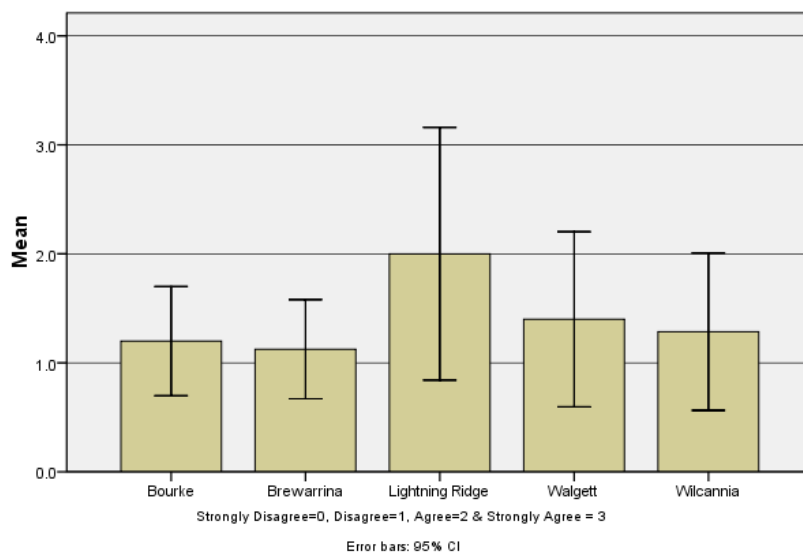
concern. The pattern more-or-less mirrors that of the previous graph relating to community trust.

In general, the community is happy with the way vulnerable families are case managed by the agencies.

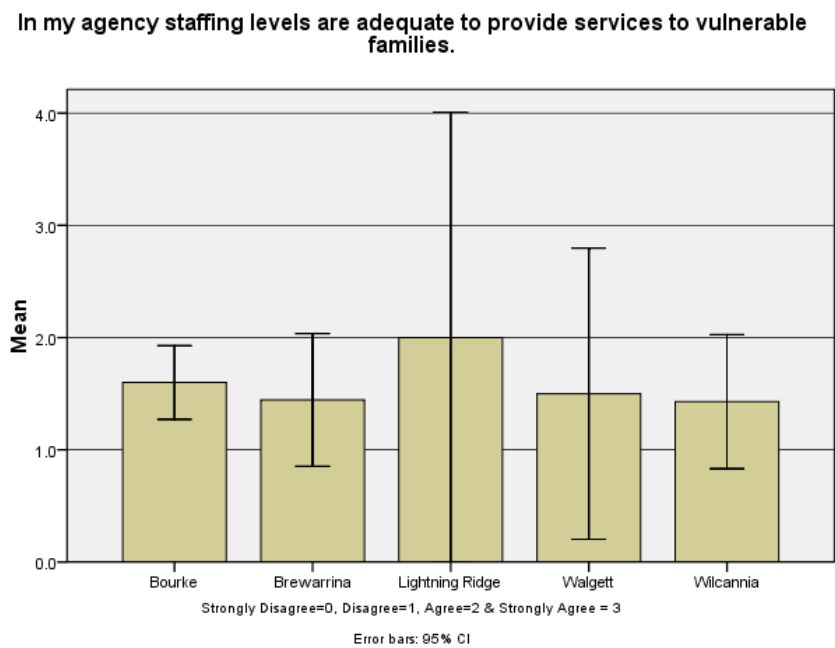


As the Lightning Ridge CCG has yet to case manage a vulnerable family its mean on this ‘community happiness’ criterion is disregarded. For the four communities with active vulnerable family cases, the respondents’ judgements on community happiness with the way vulnerable families are case managed are uniformly well below a mean of 2, “Agree”, and cluster around a rating of 1.5; that is, between ‘Disagree’ and “Agree”. These data point to an issue for the effectiveness of the Safe Families Program into the future.

Staffing levels in other agencies that I work with are adequate to provide services to vulnerable families.

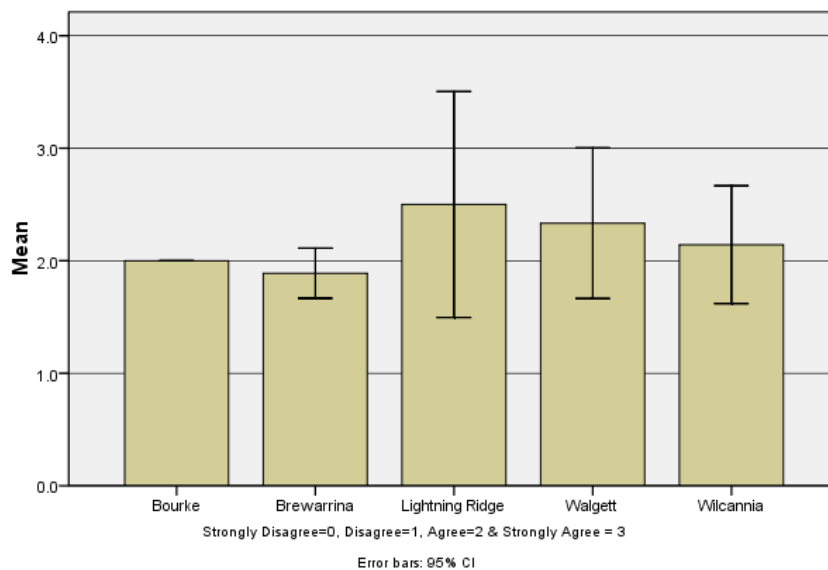


For those four CCG’s actively delivering integrated services to vulnerable families through a case management team approach, there are perceived issues for involved workers on the adequacy of the staffing levels in the other agencies with which they work. All four communities are rated below 1.5. The CCG’s in these four communities are those case managing families. Perhaps the graphed means for these CCG’s reflect the heightened workloads and pressures experienced by service agencies with increased case management of vulnerable families.



For all four communities actively case managing vulnerable Aboriginal families, the pattern of respondents’ means for their perceptions of the adequacy of staffing levels in their own agencies, point to a uniform level of disquiet. It appears that respondents working in these communities are experiencing work pressures in their agencies’ attempts to address the complex needs of vulnerable Aboriginal families.

Staff in my agency have a good working relationship with community-based staff in other agencies.

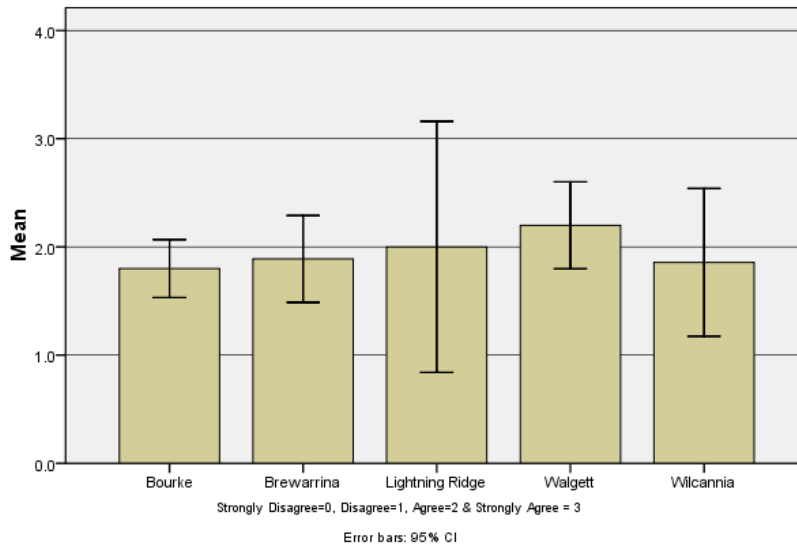


This is the most positive pattern of means for this ‘Staffing and Community’ set of survey items. Brewarrina is the only community with a mean rating below 2, “Agree”, but with this mean’s narrow 95 percent confidence interval range Brewarrina is not seen as a significant outlier to the uniformly positive pattern. This pattern of means supports the placement of agency staff in the remote townships for more effective interagency working relationships.

Workforce Development

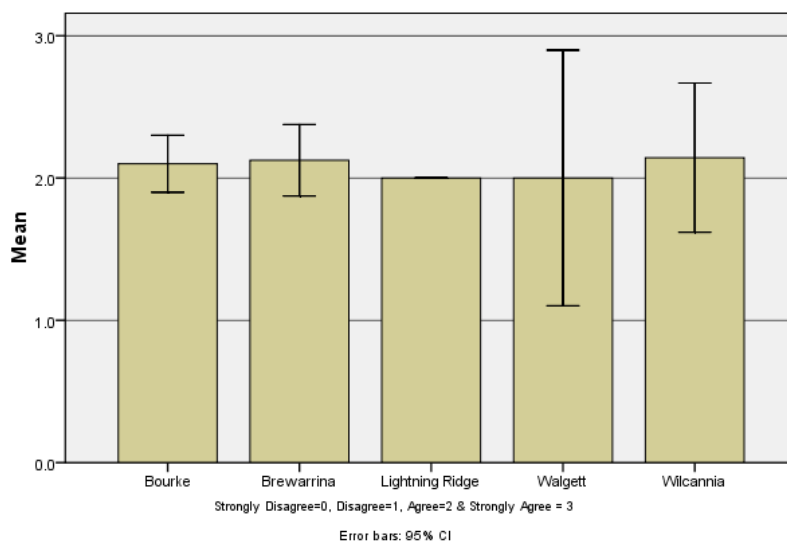
Survey respondents rated six items interrogating workforce development within the service agencies in their community involved with the integrated model of the Safe Families Program. The same four point Likert scale as for the above sections of the survey was used. The graphed means and confidence intervals for each of the six items follow with comparative commentary under each graph.

Most staff in this agency are well equipped to undertake their role in an interagency case management team.

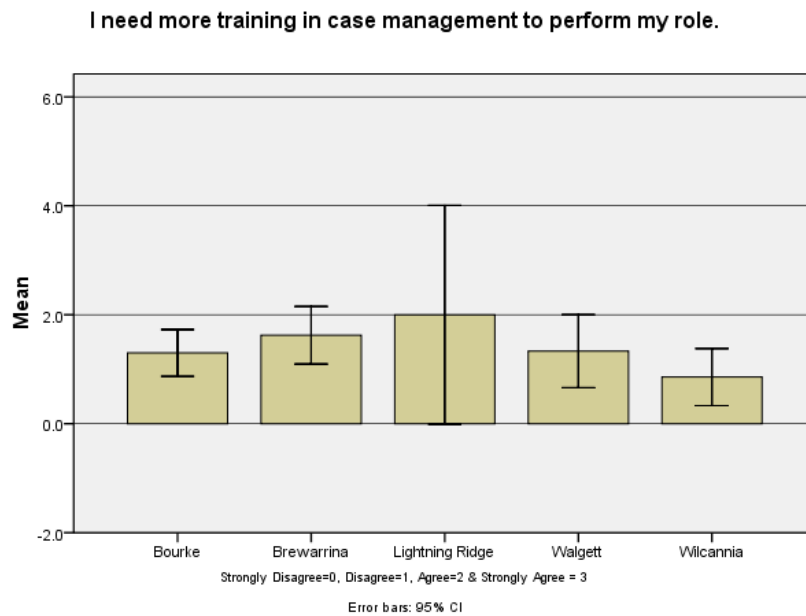


Mindful that respondents were reflecting on the competencies of their colleagues as interagency case management team members and the halo effect that may accompany their judgements, the pattern of means in the above graph indicate that there is a need for professional development focusing on constructive roles within interagency case management teams. The Lightning Ridge respondents have yet to be tested in this interagency work but Walgett respondents are the most positive about their colleagues' capabilities. Bourke respondents' perceptions, with the lowest mean and the shortest 95 percent confidence interval, is a departure from Bourke's typical placement in the data analysed to date. This departure is noted for further attention.

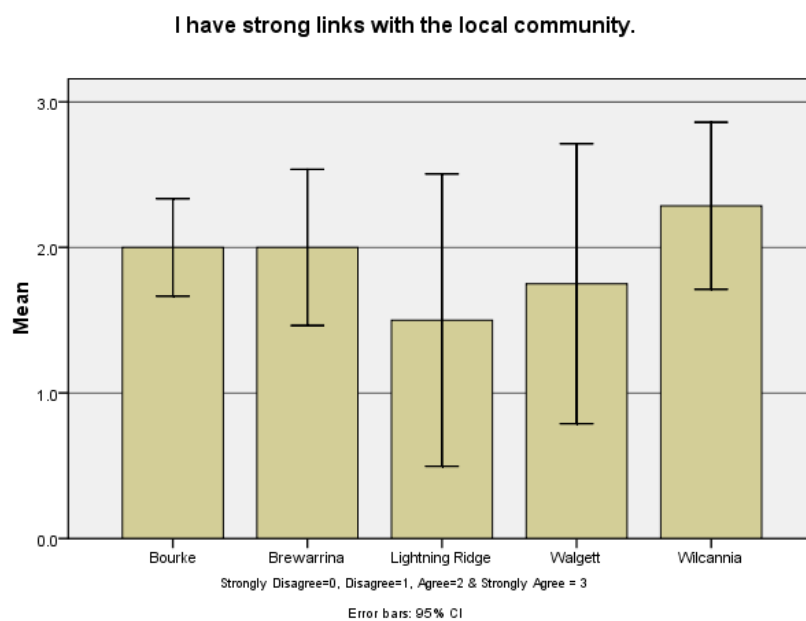
I am well equipped to undertake my role in an interagency case management team.



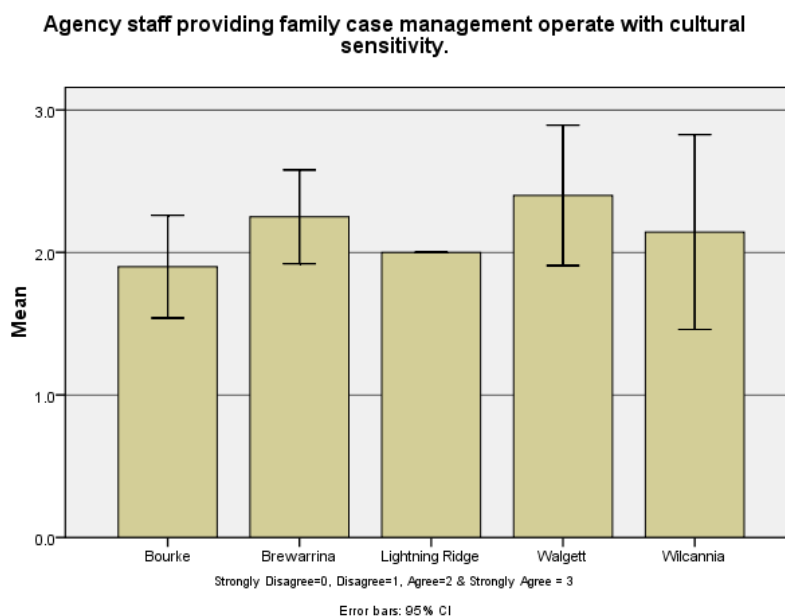
Respondents, across the five communities, assess themselves on average as competent as interagency case management team members. However, the wide 95 percent confidence interval for Walgett respondents indicates a greater variation in individual responses for this township.



The pattern of means in the above graph indicates that there is little enthusiasm for more training in interagency case management teamwork. The exception is Lightning Ridge but note the exceptional width of its 95 percent confidence interval indicating some large differences in responses (similarly for Walgett).



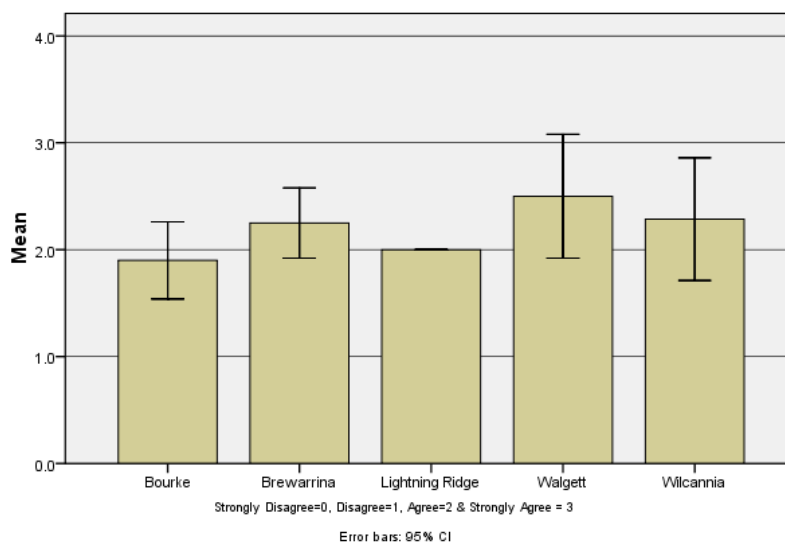
Self-reported links with the local communities within which agency staff work are, on average, strongest in Bourke, Brewarrina and Wilcannia with ratings of 2 and above. Self-reported community links are weakest for Lightning Ridge (1.5) and Walgett (1.75).



The graph above and the one below record the means for respondents' judgements on the cultural sensitivity of agency staff providing engagement and education activities to the communities and providing family case management. The patterns of means in both graphs mirror each other. Cultural sensitivity is perceived to be an issue at Bourke but then only recording a mean just below 2, "Agree", on the statement *agency staff operate with cultural sensitivity*. For the other four communities the mean ratings are at 2 or above with Walgett staff perceived to be the most culturally sensitive.

Given Bourke's pattern of general high performance on most items in the survey, this particular judgement by Bourke's own Safe Families Program operatives is worthy of further exploration.

Agency staff providing engagement and education activities operate with cultural sensitivity.

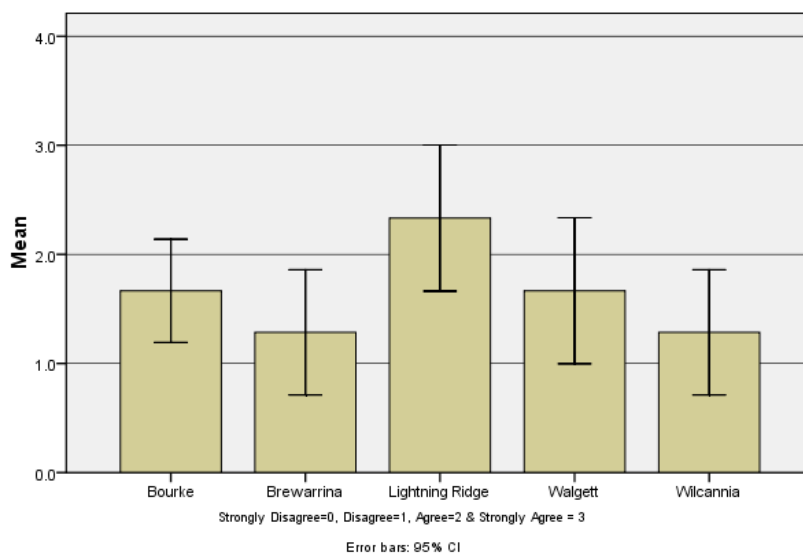


Engagement of communities in prevention and planning to address Child Sexual Assault

The items under this section of the survey covered a broader scope of community involvement in the Safe Families Program than those included in the initial community engagement and education section of the survey.

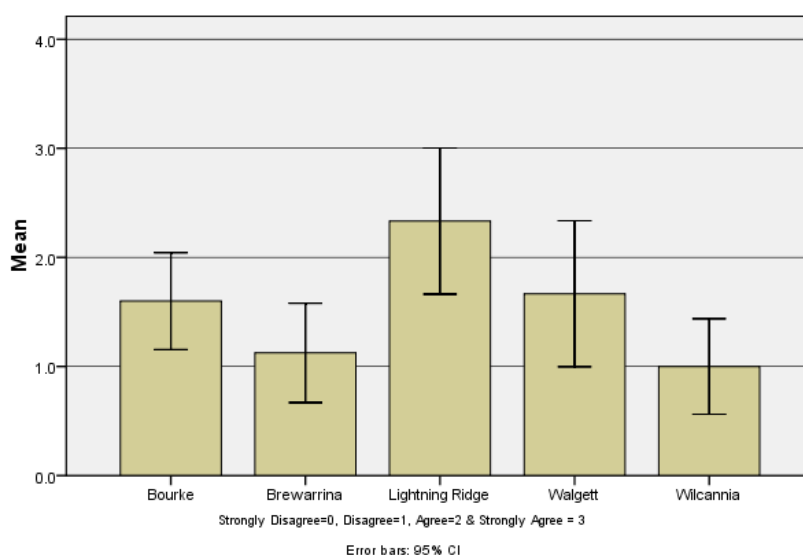
Survey respondents rated six items interrogating community members’ involvement and participation in the activities and operations of the Safe Families Program in their townships. The same four point Likert scale as for the above sections of the survey was used. The graphed means and confidence intervals for each of the six items follow with comparative commentary under each graph.

Community-driven prevention plans are in place.



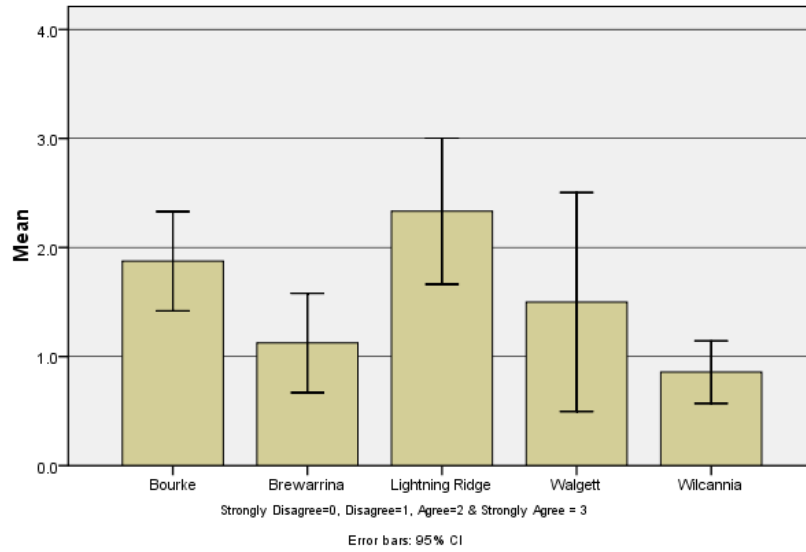
From the survey respondents’ perspectives the prevention plans that are in place are not necessarily community-driven. Lightning Ridge’s prevention plan is the exception. The community-driven natures of the prevention plans at Brewarrina and Wilcannia are rated lowest, below 1.5. The results for these four latter communities are perhaps a reflection on the establishment of LARG’s and the representative nature of LARG’s in these communities.

The community engages in focused ways to support prevention of CSA.



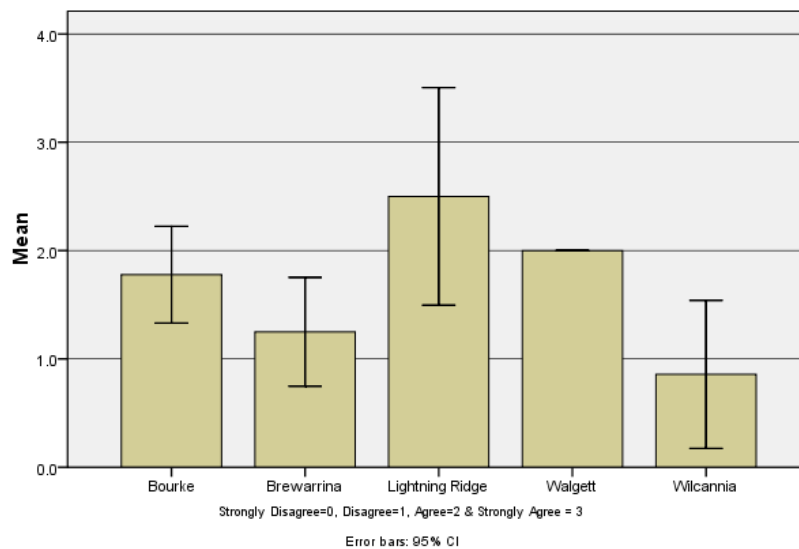
The pattern of means on this focused community engagement item is similar to that above for community-driven prevention plans though with even low mean ratings for Brewarrina and Wilcannia.

The efforts of community members are made within a structured process.



The pattern of negativity, Lightning Ridge aside, shown in the two previous graphed means is repeated in the above graph reflecting the efforts of community members within a structured process. The mean for Bourke is higher but still below 2, the mean for Wilcannia is depressed even further, below 1 with a narrow 95 percent confidence interval, indicating high levels of agreement around the mean score.

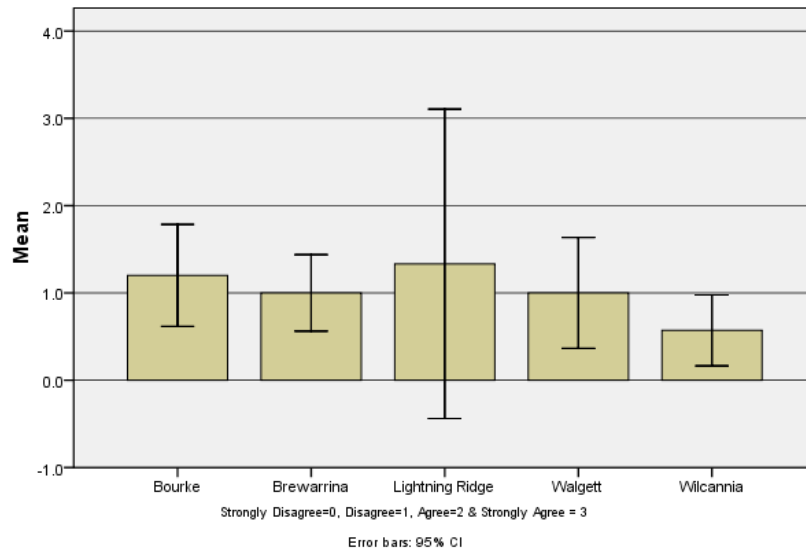
The efforts of the community members are informed by other representative groups, such as the Community Working Party.



With the exceptions of Lightning Ridge and Walgett the patterns of means in the above graphs of this section continues. This item can be interpreted as reflecting on the relationship between LARG members and members of broader representative community groups. The respondents for Brewarrina

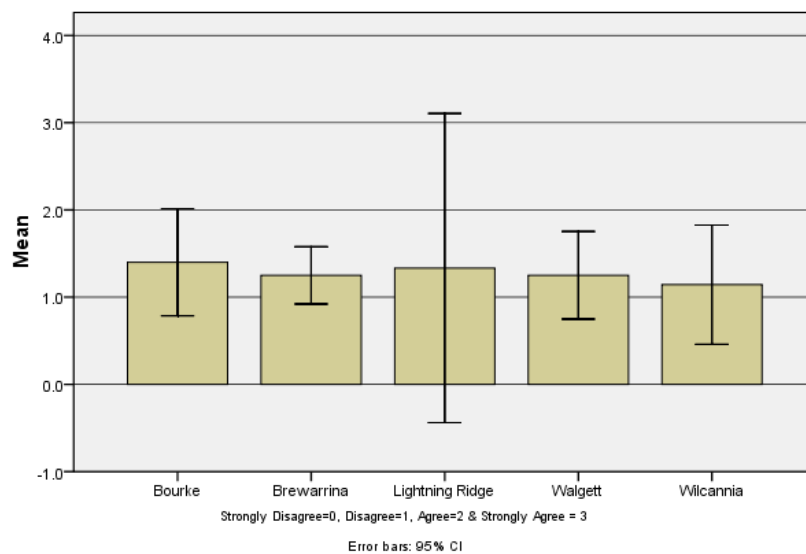
and Wilcannia tended to disagree with this statement indicating a possible poor relationship. Respondents from Bourke, Lightning Ridge and Walgett were more positive although the mean for Bourke was below 2.

Sufficient men from the community are engaged with developing prevention plans.



Of all the Likert scaled items in this survey the pattern of means for this item is overall the most negative. Men are clearly not seen to be engaged in sufficient numbers in the development of child sexual assault prevention plans. The extreme width of the 95 percent confidence interval range for the Lightning Ridge mean indicates differences of opinions in this community on this matter.

Men have sufficient opportunities to engage with the development of prevention plans.



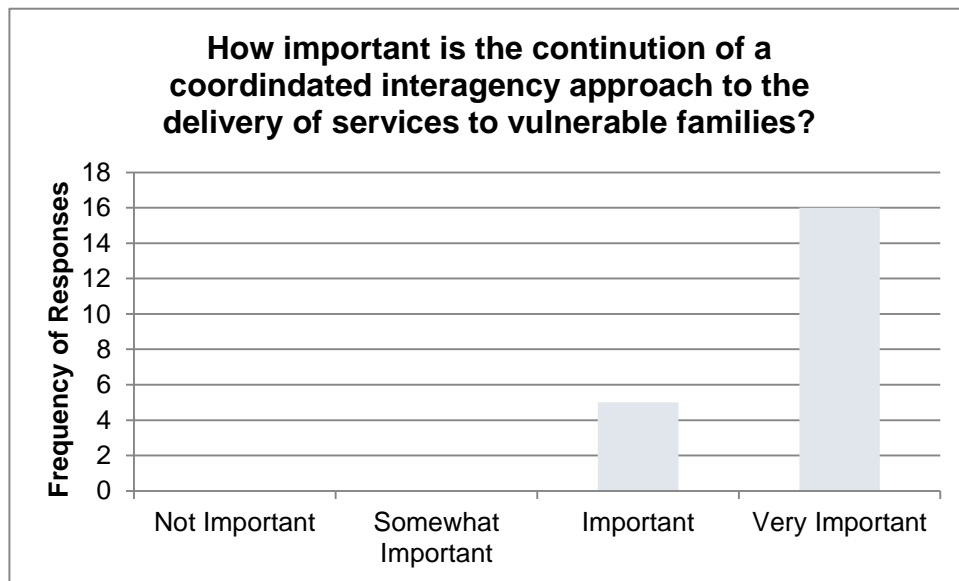
As with the previous graphed means of male engagement, the pattern of means for the criterion as to whether men have sufficient opportunities to engage in the development of prevention plans is also starkly negative although slightly less so that for male engagement indicating that a very limited set of opportunities have been available. The difference of opinions recorded for Lightning Ridge respondents persists.

Future Arrangements

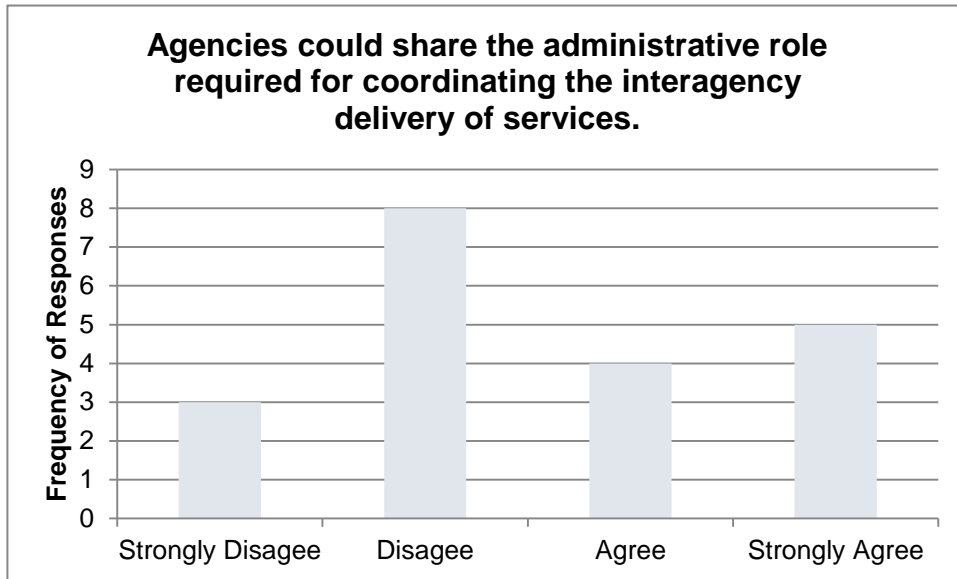
This final section of the survey consisted of three Likert scaled items seeking responses to ways forward for the Safe Families Program after the current funding of the Program ceases on 30 June 2012. The respondents to these items were not categorised according to their community affiliations.

Twenty one people responded to the first item, twenty to the next two items.

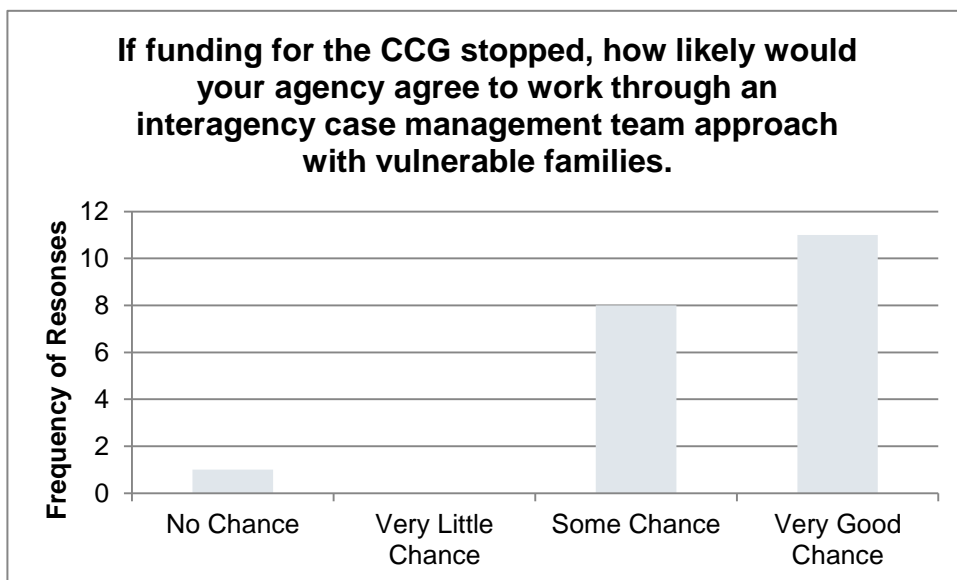
The responses to these three items are presented in graphical form below.



All respondents agreed that a continuation of a coordinated interagency approach should continue in the delivery of services to vulnerable families with 76% seeing this as very important.



On the issue of whether agencies could share the administration of a coordinated interagency approach, the respondents are clearly divided across the full spectrum of possible responses – nine either agreeing or strongly agreeing and eleven either disagreeing or strongly disagreeing. These responses point to a significant issue for the continuation of coordinated approaches to interagency service delivery to vulnerable Aboriginal families post-June 2013.



Even given the disparate set of responses to the ‘sharing administration’ item above, the overwhelming response to this item was in the positive domain – 95 percent seeing either some or a very good chance that their agency would agree to work towards interagency case management of vulnerable families.

Appendix 2: Listed Responses to the Survey Items requiring Short Written Responses

This appendix contains the listed responses to those items of the survey that sought short written responses.

Areas in which Respondents would appreciate Training

There was a range of responses to this survey item. The training areas identified were:

- Case management;
- Interagency development;
- Interagency group training sessions on providing shared information;
- Working with vulnerable families training
- Skills training in working with vulnerable families
- Training for clearer understandings of referral pathways (into and out) for vulnerable families;
- Community engagement training;
- Responding to disclosure of sexual abuse/assault;
- Certified child sexual assault training;
- Responding to domestic violence;
- Induction and orientation into the Safe Families Program for new staff;
- Healing workshops;
- Facilitator training for various education programs; and
- Annual training programs.

Services Available and Delivered to Vulnerable Aboriginal Families

The services available and delivered to vulnerable Aboriginal Families are listed below for each of the five communities.

Available Services in Bourke

- Access to specialist treatment. Support with transport, legal assistance, Respite Care. Access to education & training
- Community Services including the IBFS. Schools, Police, Juvenile Justice, Health, ADHC.
- NGOs - CentaCare & Mission Australia. Youth Connections, Medicare Local

Delivered Services in Bourke

- Access to programs (Glam it up, GNI), School attendance support

- Anger management, drug & alcohol use programs, counselling, interactive play, mentoring, school and after school programs.
- Bourke Safe House, Family Support, High School, PCYC, Mission Australia
- Home Visiting, Brokered Services such as in-class tutoring support, Assistance with Health Transport

Available Services in Brewarrina

- Child and Family Nursing including assessment, immunisations, audiometry, referrals to specialist health services
- Community Services, Schools, Police, Juvenile Justice, Health, ADHC. NGOs - MacKillop Rural Community Services, CentaCare & Mission Australia.
- New Safe House
- As below for delivered services.

Delivered Services in Brewarrina

- Brighter Futures, Allied Health - referral through Health and NGO's, CAMHS, CFH, AMS - generalist GP Visiting Sister
- Child and Family Nursing including assessment, immunisations, audiometry, referrals to specialist health services.
- Community Health staff, Barwon River medical service, AMS. Centrelink, DOCs, Brewarrina MPS, Ambulance service
- Mission Australia, MacKillop Rural Services ADHC, Unitingcare Burnside FRS

Available Services in Lightning Ridge

- Community Services, Schools, Police, Juvenile Justice, Health ADHC NGOs - MacKillop Rural Community Services & Mission Australia
- Yawarra Memeai

Delivered Services in Lightning Ridge

Not Applicable as no family referrals to date.

Available Services in Walgett

- Community Services, Schools, Police, Juvenile Justice, Health, ADHC, NGOs - MacKillop Rural Community Services & Mission Australia.
- Community Health, Namoi House, AIFSS (UnitingCare Burnside), Aboriginal Intensive Family Support Services

Delivered Services in Walgett

- Health needs supported, financial advice, parenting support
- MacKillop Rural Services, Mission Australia, Local Police

Available Services in Wilcannia

- Child Counselling, Compass
- Community Services (from Broken Hill), Schools, Police, Juvenile Justice, Health, ADHC
- Mission Australia - Reconnect, Youth Connections, Brighter Futures, Save the Children - Intensive Supported Playgroup, Centacare - Indigenous Parenting Support Service, Manage Your Income Manage Your Life.
- Maari Ma Health - Healthy Start, Child & Family Health, A&OD Counselling, Primary Health, Midwifery, Early Years Program, Youth Drop In, Paediatrics, DEC - Engagement class, personal learning plans, departmental student counselling.

Delivered Services in Wilcannia

- Home visits to monitor the progress of the family.
- Child Counselling, Compass
- Community Services (from Broken Hill), Schools, Police, Juvenile Justice, Health, ADHC
- Mission Australia - Reconnect, Youth Connections, Brighter Futures, Save the Children - Intensive Supported Playgroup, Centacare - Indigenous Parenting Support Service, Manage Your Income Manage Your Life.
- Maari Ma Health - Healthy Start, Child & Family Health, A&OD Counselling, Primary Health, Midwifery, Early Years Program, Youth Drop In, Paediatrics, DEC - Engagement class, personal learning plans, departmental student counselling.

Main Features of current Safe Families Program to be continued into the Future

Sixteen responses were received to this invitation for a written response. These are listed below verbatim. Negative comments have been excluded from this section as the intent was to garner features to be continued.

- Case coordination for the families within our Communities.
- Case Management, Issues Panel
- Collaboration and open communication with current services for the safety and wellbeing of children and young people
- Integrated Case Management & community awareness
- Issue panel meetings with all the LARG.
- Meetings to discuss case management etc, counselling.
- Ongoing support and education to Wilcannia families.
- The case management interagency meetings are very helpful.
- Support for on-going development and implementation of programs which improve education about and awareness of CSA. Funding to ensure that CSA remains a central theme at community events such as Drug Action

Week, Children's Week, Mental Health Week, NAIDOC week Youth week etc.... This will ensure that CSA remains at the forefront of awareness in the communities. Sponsor education for local workers to fill positions such as AOD worker, Sexual Assault Counsellor, further training & development for Safe House staff & other key workers. Education and training for local people is the key to provision of relevant services. Case management support for at risk families on an on-going basis. A broad approach to providing support and a way to offer support without casing stigma of CSA risk / history.

- The idea of the Safe Families project is terrific - without McKillop's support and leadership I believe it would fail. The regular attendees are passionate and drive the process - which in reality should probably have a lead agency for each case. There is no one in the community (or one agency) that has the capacity to do this at the moment. The agencies are light on the ground. Without DOC's represented in the Brewarrina Community and more case workers on the ground there is little hope that it could survive without McKillop's direction and administrative function. There are not enough ground staff with the hours required to sustain a safe community in Brewarrina. The majority of services are provided by visiting agencies - it is not sustainable. The limited staff on the ground within Health, Education and other agencies burning out. There are no social workers to support and assist families through the process - agencies are working way outside their scope to try and fill in the gaps. There is huge potential with the Safe Families program - it cannot be maintained effectively without more on the ground.
- The money for integrated case management but the model be reviewed.

Positive Aspects, Supportive Factors and Barriers to Success

The Most Positive Aspects of the Safe Families Program

Sixteen responses were received to this invitation for a written response.

These are listed below.

- Counselling by (named person)
- Dedication of the current team to provide a coordinated approach
- (Mission Australia administrator) conducts administration duties and does a wonderful job. Everyone is updated promptly and is fully aware of what is going on between all agencies, this is fantastic.
- Integrated Case Management, Agency Networking, Community Awareness, Availability of Brokered Services
- Issue of CSA has been named and talked about. Community services caseworkers were trained. Improved Interagency approach to addressing CSA issues. Establishment of Bourke JIRT. Safe Families workers have taken CSA knowledge and awareness into other roles in the region.

- Less chance of families falling through the safety net. Early intervention approach to support families in many different ways in a focused manner, coordination with clear goals.
- Open communication between agencies for the desired outcome and safety of children
- Provides a forum for issues to be raised for individuals and families who are at risk of have history of CSA. Also provides opportunities to share resources and ideas, allows communication, representation, promotes and allows action and engagement. Common coordinating role.
- Sharing of client information
- Sharing of interagency information, to be able to case manage and assist Wilcannia families mostly at risk.
- The interagency meetings
- The structure of the CCG definitely has merits in addressing gaps in service provision and identifying limitations for agencies involvement. The Wilcannia Central School have been positive in referring young people and their families to the Safe Families Program.
- We are a strong group and Indigenous education via community protocols is being taught.

A caveat to these positive aspects was the following:

- *A small number of families received a service; however, it wasn't addressing the issues of CSA.*

Factors that have Supported Success in the Program

Fourteen responses were received to this invitation for a written response. These are listed below.

- Case management of families; mainly Mission Australia involvement;
- Commitment from Agency Staff. One point of contact for Coordination. Availability of Brokerage;
- Community and agency engagement - common goals – funding;
- Consistent support from a few core agencies. The administrative support provided by McKillop;
- Effective communication between services, intense support for families, with all needs taken into account;
- Having family members closely seated at the discussion table are the ones that have had success in support;
- Healing workshops to come;
- Mission Australia's drive;
- Some exceptional team members. Willingness of community & service providers to acknowledge CSA as central to all issues in community. Willingness of community members to participate in LARG (some). Service providers working collaboratively to raise awareness of CSA; and

- The interagency meetings.

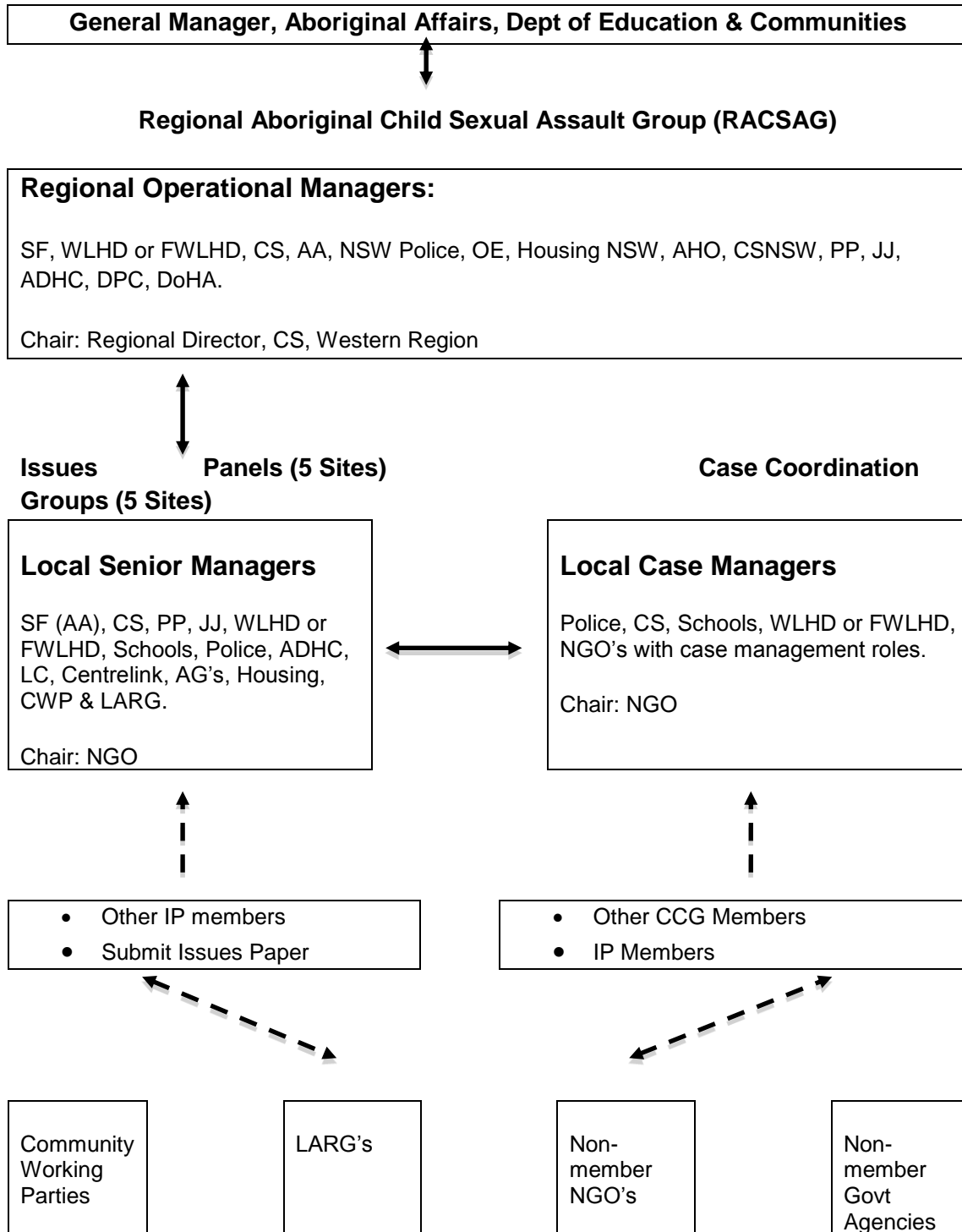
Barriers to the Successful Implementation of the Program

Eighteen responses were received to this invitation for a written response. These are listed below.

- Agencies reflecting on the previous safe families model. A lack of understanding of integrated case management. When formal training was offered members of the IP declined to allocate brokerage funds to this training as they had felt they had a good grasp of integrated case management;
- Agency egos & a blatant inability or refusal to name the issue and act on making kids safe;
- black / white segregation - we are one community not two;
- Implying that CSA is an Aboriginal only problem. Three agencies working together with different rules (old model). Staff recruitment - some bad choices of staff. Top heavy management. Disputes among departmental managers a poor example to staff;
- Issues with community engagement. Distances affecting valued contributions. Non-attendance from representatives (non-commitment);
- Lack of agency representatives at meetings - this is an ongoing issues due to low staff numbers in a number of organisations;
- Lack of local agencies that have capacity Negativity and aggressive attitude by some local community members who have consistently tried to sabotage some wonderful programs approved and supported by the majority of community members;
- Lack of support from some agencies and their non-attendance at meetings. Also agencies who identify families at risk but do not want to assist in case managing family;
- More agencies need to be involved at an equal level as all others;
- No communication, families not involved in case planning for their own case plans. LARG only on board in the last 6 months, the process for the LARG was not followed;
- Qualified staff are needed;
- The Bourke implementation has been positive, barriers that could arise may be turnover in agency staff;
- The CCG was designed to identify families who were 'falling through the cracks' as they didn't meet agency criteria. This is still happening because the only agency accepting referrals is Mission Australia. Child Sexual Assault is lost in the CCG. Mission Australia are doing what they can but their focus is on the reported issues 'DV, AoD and Inadequate Supervision' where as it should be that these issues are contributing factors of a vulnerable child. Mission Australia does a wonderful job in Wilcannia and

- they have a presence that is respectful and understanding to the community but also show a genuine concern for the community members;
- The choice of identified families to not engage;
 - The NGOs have struggled to engage the Govt agencies. In these communities there has always been high media & political focus on addressing issues for vulnerable families. However without the engagement of the community & when the community as a collective doesn't take responsibility it is very difficult. Agencies are frustrated with not being able to make adequate and appropriate changes. There are huge & on-going issues with drugs & alcohol, unemployment, secrecy or shame about CSA & child abuse; and
 - The resistance of workers to get involved for fear of retribution, but they say they want local representation.

Appendix 3: Diagrammatic Representation of the Revised Service Delivery Model of the Safe Families Program



Source: Safe Families Program Information

Appendix 4a: LARG Terms of Reference

Safe Families Program

TERMS OF REFERENCE

FOR

Wilcannia Local Aboriginal Reference Group (herein LARG)

The Wilcannia Local Aboriginal Reference Group has been endorsed to work with OAA and other agencies to develop community driven approaches to safe families that meet community needs and focus on early intervention and prevention.

With community leadership and support, the Wilcannia Aboriginal Reference Group will assist the Wilcannia Aboriginal community to enhance the safety of their children and families and to address child sexual assault in ways that are culturally meaningful.

Purpose

The purpose of the Wilcannia Local Aboriginal Reference Group is to:

- a. Inform Government and non-government agencies on service provision and identified gaps.
- b. Enhance professional and community knowledge and to raise the profile of child sexual assault within Wilcannia community.

Aims

Wilcannia Local Aboriginal Reference Group will work with the Safe Families Team towards the objectives of:

- Improving service delivery to the community
- Enhancing service response to child sexual assault
- Providing advice to link families with local and other appropriate services
- Raising awareness of child sexual assault in the community to reduce incidents
- Strengthening community and government partnerships to prevent child sexual assault.

Where appropriate, the Wilcannia Local Aboriginal Reference Group will make use of existing representative structures and community groups.

Role and functions

The Wilcannia Local Aboriginal Reference Group in partnership with the Safe Families team will consult with community members and key interest groups to:

1. Leading the development and implementation of the Safe Families Plan, including community awareness raising activities and initiatives to strengthen healing and resilience.
2. Providing advice to the Safe Families Team and local Interagency Group on the community's needs and the effectiveness of the service responses.
3. Actively represent Aboriginal communities and advocate on issues related to the development of the Safe Families Plan.
4. Raise issues for the consideration of the Safe Families Team and the Interagency Group.
5. Abide by the Code of Conduct.

Membership

- Membership of the Wilcannia LRG will comprise the local Aboriginal people
- Only Aboriginal community members are eligible to nominate for membership

Meeting Facilitator

- A meeting facilitator will be elected by the committee.

Meeting Procedures

- Meetings will be:
 - 1 held per month or if urgent business arises then members be asked to attend.

Secretarial Support:

- Provided with secretarial support by the OAANSW Engagement Officer & Community Services administration.

Appendix 4b: LARG Member's Code of Conduct

Introduction

A Code of Conduct is a document which clearly sets out your role as a member of the Brewarrina Community LARG. A Code of Conduct provides you with information of what is expected of you as a committee member and outlines behaviours which are both expected and not expected of you.

Role

Your role is to represent the interests of your community in matters relating to child protection and the prevention of child sexual assault. You will be part of the Brewarrina Community LARG working with NSW Government agencies and your LARG to develop plans and strategies to ensure children in your community can grow and prosper in a safe and caring environment.

Personal Behaviour

As a member of the Brewarrina Community LARG you are expected to:

- Act ethically and with integrity;
- Make decisions fairly, impartially and promptly, considering all available information, legislation, policies and procedures;
- Treat members of the LARG and local community members with respect, courtesy, honesty and fairness and have proper regard for their interests, rights, safety and welfare;
- Not harass, bully or discriminate against LARG or community members;
- Contribute to a harmonious, safe and productive community;
- Represent the interests of the Community, its organisations, families and individuals;
- Provide leadership and guidance to the community;
- Develop, implement, monitor and evaluate policies and agreed strategies to advance the community;
- Evaluate the LARG's performance and service providers in program service delivery;
- Members must conduct themselves at meetings to a high standard of behaviour and make a positive contribution to all decisions and discussions. These standards include:
 - Being on time and attending meetings regularly;
 - Not being under the influence of alcohol or other harmful substances;
 - Not using offensive language; and
 - Not threatening or harassing other members or persons during or after meetings.

Privacy and Confidentiality

As a LARG member:

- I will not disclose official information or documents acquired through my LARG membership, other than as required by law or where proper authorisation is given;
- I will not misuse official information for personal or commercial gain for myself or another; and
- I will adhere to legal requirements, policies and all other lawful directives regarding communication members of the LARG, members of the media and members of the public.
- I will agree to sign a confidentiality agreement prior to the first meeting.

Discrimination and Harassment

As a LARG member:

- I will not discriminate in any way against other LARG members, members of the local community or agency representatives;
- I will not harass other LARG members, members of the local community or agency representatives.

Health and Safety

Everyone is responsible for their personal safety and that of others who may be affected by their actions or failure to act.

LARG members will ensure that:

- All meetings take place in a safe and healthy environment and eliminating and/or controlling any conditions or hazards that could result in personal injury or ill health.
- Healthy and safe working practices, including reporting of hazards and incidents are the responsibility of all Committee members;
- They actively contribute towards maintaining healthy and safe meeting places.
- They work safely at all times to protect their own health and safety and the health and safety of everyone with whom they work and anyone who is involved in the meetings; and
- Report any hazards they encounter.

Conflict of Interest

A conflict of interest exists when a person's private interest interferes in any way with the interests of the LARG or community. A conflict situation can arise when a LARG member takes actions or has interests that make it difficult to

perform their commitments as a LARG member objectively and effectively. Conflicts of interest may also occur when a LARG member or their family receives improper personal benefits as a result of being a LARG member.

As a LARG member:

- I will ensure personal or financial interests do not conflict with my ability to perform my official duties in an impartial manner;
- I will manage and declare any conflict between my personal and public duty; and
- I will ensure, where conflicts of interest do arise, they are managed in the best interests of the community.

Fraud and Corruption

As a LARG member:

- I will not engage in fraud or corruption;
- I will report any fraudulent or corrupt behaviour;
- I will report any breaches of the code of conduct; and
- I will understand and apply the accountability requirements that apply to membership of the committee.

Complaints Handling

A culture of transparency and being open to people raising questions, comments and concerns is essential for community based committees. Complaints procedures that are accessible and relevant to community members are an important part of this.

Effective complaint procedures should have the following features:

- People believe their concerns will be taken seriously and their confidentiality is assured;
- There is a clear and fair process in place for reporting and following up concerns and allegations; and
- Everyone involved knows the process for managing complaints and where appropriate, will be told about its outcome.

A complaints process means that incidents will be handled in a professional way and it helps communities to learn and improve procedures through experience.

Dispute Resolution

Prompt, sensitive and appropriate resolution of all disputes is good practice. It is in everyone's interest to resolve disputes quickly and fairly.

Faced with a dispute that appears to be a developing or intractable problem between individuals or groups, early intervention can lead to quick resolution, and has the potential to minimise longer term difficulties and formal review processes.

If a dispute cannot be resolved at the local level, through discussion, then the matter should be escalated to the appropriate authority with a view to mediation.

Accountability

LARG members are accountable to each other and the communities they represent. At all times, LARG members must take account of the needs of the community

Membership

An expression of interest process is undertaken to become a member of the LARG.

Chairperson/ Facilitator

At each meeting, LARG Members will elect a Chairperson/ Facilitator. The Chairperson/ Facilitator will ensure:

- The professional conduct of meetings;
- Coordinating meeting dates and the preparation of meeting papers and agendas;
- Ensuring minutes are taken at all meetings;
- Extending invitations to relevant agency and community representatives to attend meetings;
- Following up any actions arising from meetings.

Meetings

The Committee will meet the second Wednesday of each month.

Decision Making

The LARG will primarily make decisions about actions arising from LARG meetings.

The LARG will also be responsible for monitoring the outcomes of these actions.

Reporting

Minutes of all meetings must be taken and Aboriginal Affairs NSW representatives will coordinate the undertaking of any actions resulting from meetings.

Compliance with the Code

It is the personal responsibility of every LARG member to understand and comply with the Code of Conduct.

Any member who violates any provision of the Code will be subject to Police or other action. In cases of suspected corruption, criminal offences or providing confidential information, police action may be required.

If LARG members are subsequently subject to charges or allegations of a sexual offence or a violence offence involving a child they cannot be a LARG member, and will be required to step down immediately, pending the investigation of the Police, and subject to the decision of the General Manger of AA.

Appendix 5: CCG Referral Form

CASE COORDINATION GROUP REFERRAL FORM
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To be completed when family is referred for case coordination

UNIQUE IDENTIFYER

Site: _____

Family Name: _____

Date referred to CCG: _____

Referrer name: _____

Referrer's phone no and contact details: _____

CCG member who received referral: _____

Referral pathway to CCG: Self Agency

Referral agency: _____

Does the family identify as Aboriginal Yes No

Are there any agencies currently working with the family? Yes No

If yes which agencies: _____

If yes what type of services: _____

Is there a current integrated case plan? Yes No

If yes with what agencies does it exist? _____

What prompted this referral? _____

What are the issues?

✓ all that apply	ISSUE	✓ all that apply	ISSUE
<input type="checkbox"/>	Risk of Sexual Harm	<input type="checkbox"/>	Child behaviour management problems
<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>	Homelessness
<input type="checkbox"/>	Parental Mental Health Issues	<input type="checkbox"/>	Lack of Extended family and Social Support
<input type="checkbox"/>	Parents with significant learning difficulties or intellectual disability	<input type="checkbox"/>	Parental Drug & Alcohol Issues
<input type="checkbox"/>	Lack of parenting skills/inadequate supervision	<input type="checkbox"/>	Financial Management,
<input type="checkbox"/>	Overcrowding	<input type="checkbox"/>	Housing
<input type="checkbox"/>	Other:		

FAMILY DETAILS

Member of Household	DOB	First name	Last name	Relationship to Primary Caregiver
Primary Carer				
Other Carer				
Child or Young person 1				
Child or Young person 2				
Child or Young person 3				
Child or Young person 4				
Child or Young person 5				
Child or Young person 6				
Child or Young person 7				
Child or Young person 8				

Eligibility

What factors make this family eligible for the CCG?

Is the referral eligible for

CCG involvement

Yes

No

Consent to share information

form received?

Yes

No

Key worker (Agency determined for initiating contact)?

Appendix 6: CCG Terms of Reference

Aboriginal Child and Family Case Coordination Group Terms of Reference

1. Name

XXXX Child and Family Case Coordination Group

2. Purpose

The XXXX Child and Family Case Coordination Group is a forum for workers in Government and non-government organisations to come together to achieve improved outcomes for children, young people and their families in XXXXX.

The focus is on families who require a range of supports to assist them in caring for their children and young people and to strengthen, equip and support the local community to stop child sexual assault. The Case Coordination group is for cases that do not reach Risk of Significant Harm (ROSH), non ROSH.

The CCG will have representation by practitioners or their managers from service delivery agencies. Matters referred to the panel will be primarily matters that do not reach the threshold of significant harm. Referrals to the CCG come from:

- Self-referral/community referral (MRG is applied in respect of self or community referral)
- Agency referral (Can be with or without consent of family)
- CS referral including CSC and JIRT
- Issues Panel (with or without consent of family)

3. Objectives and Functions

Children and families to get the services and support they require:

- Provide integrated case management (by key case worker as per their line agencies policies and procedures)
- Provide services to the families who require them.

Agencies will work in partnership

- Identify opportunities where linkages can occur and service provision can be achieved with enhanced efficiency and effectiveness
- Provide a forum for networking opportunities
- Provide best practice case management
- Provide coordinated case management
- Provide an avenue for service system analysis in an integrated and coordinated manner.
- Reduce duplication and confusion for families about who is providing what services.

Agencies will share information when this is in the best interests of the children and young people:

Share information relevant to each service to ensure all members are kept up to date and informed.

Exchange information in order to obtain appropriate services to reduce risks for children and young people

Develop and maintain a Community Directory:

- Identification and mapping of all local groups which offer services and options to families, children and young people
- Maintain the Community Directory

Implement a Case Management Model with Case Coordination Plans

See attached Flow Chart of the XXXX .Child and Family Case Coordination Process for an example.

Case coordination plans should identify:

- Child, young person and their family's key worker
- Consent obtained from the family.
- Existing case workers and direct service providers
- Documentation of Information sharing
- Coordinated Case Plan (documented goals, responsibilities, strategies & outcomes)
- Coordinated service delivery
- Case review cycle and monitoring
- Exit strategy

It is important to note that children, young people and families when consenting to participate in case coordination may have existing integrated case plans; if not the key worker would be required to conduct an assessment and create an integrated case plan in partnership with the family as per their

line agency's policies and procedures. These plans should provide a foundation for the Case Coordination Plan.

4. Responsibilities and Guidelines

All members of the group will be committed to the principles of participation, collaboration, partnership and learning. They will:

- Attend regular meetings at dates and times as negotiated. These will be organised and run by the CCG Facilitator according to recognised good practice.

NOTE: All participating agencies will ensure that ALL meetings are attended by an agency representative.

- Select relevant families to participate
- Guide Family Plan development
- Support the allocated frontline staff within their agency to work in a timely and integrated manner with other agencies
- Undertake to resolve, to the best of their ability, any issues within their agency / NGO delaying services or outcomes for families
- Identify systematic barriers (strategic and operational) to integrated case management (ICM) and develop pathways for improved inter-agency communication and ICM.
 - This may include the creation of time limited working groups to focus on problem solving for specific issues.
- Maintain a focus on the business of the forum, issues outside this should be presented at another forum.

5. **Primary Agencies** (a Primary Agency will be allocated to each family based on the strength of their existing relationships and / or family needs)

- Allocate an appropriately skilled Primary Contact (frontline worker) to the particular family.
- Organise pre-planning case conference/s with other relevant agency and NGO staff.
- Organise the family conference/s as required to agree the Family Plan
- Maintain regular contact with the family
- Prepare the detailed Family Plan (a comprehensive view to include all activity / goals occurring with respect to the Family – not just new activity / goals incremental to CCG).
- Track progress and update the Family Plan (will include gathering information from other agencies/ NGOs regarding their actions).
- Identify /coordinate requests for brokerage funds (to be processed through the CCG Facilitator) and the sourcing of the goods or services where appropriate.

- Work with the CCG Facilitator to provide updates to the LMG and identify issues requiring consideration by the group

6. Meetings

Case Coordination meetings are the key vehicle for information sharing, planning, coordinating, documenting, monitoring outcomes, and evaluating the service provision to children, young people and their families.

Frequency of meetings

The XXXX Child and Family Case Coordination Group will hold a monthly meeting generally on the third Wednesday of the month the venue for these meetings will alternate between Agencies.

Quorum

That at least three members from the agreed membership to be present to ensure a quorum

Chair

The Chair of the Case Co-ordination Group will be a Non-Government Organisation, who will be contracted by Community Services.

The chair will be responsible for:

- Convening meetings
- Facilitate effective meeting processes and maintain the 'task focus of the Group.'
- Facilitate the development of the Group's capacity
- Assist participants to review the Group's effectiveness
- Use normal meeting procedures to conduct all meetings

Secretariat Support

The contracted NGO in each of the communities will also provide the secretariat support for the Child and Family Case Co-ordination Group.

The Secretariat will maintain an email list to keep members informed of upcoming meetings, local events, professional development opportunities and general information. All email correspondence is directed through the contracted NGO.

The contact details of all interagency members shall be used only for the purpose and activities associated with the XXXX Child and Family Case Coordination Group.

The Secretariat will be responsible for calling for agenda items, circulating the agenda, recording and circulating the minutes.

Agenda and Minutes

- There will be a set agenda for each meeting, covering case planning and the identification of systemic issues impacting integrated working.
- New business agenda items will be set at the end of each meeting for the subsequent meeting. Any proposed agenda items raised between meetings are to be communicated to the CCG Facilitator.
- Agenda will be distributed one week prior to the meeting for comment with a final agenda and meeting papers to be sent 2 days prior to the meeting.
- Minutes of the meeting will be distributed a week following the meeting along with recommendations and action items.
- Minutes of meetings will be shared between all agencies / NGOs.
- Minutes will be taken by XXXX.

Guest speakers

Various guest speakers present, as well as presentations by service agency members.

Review and Planning

Once a year the XXXX Child and Family Case Coordination Group, will hold a review and planning meeting.

The outcome of this meeting will be a Group work plan for the next 12 months.

7. Membership

Membership of the XXXX Child and Family Case Coordination Group shall be open to: -

NSW Police - Detective Inspector – Crime Manager NSW Police and/or
Police Supervisor Health Representatives

Health Service Manager

Sexual Assault Service Representative

Department of Education – Local Schools

Independent Schools

NSW Department of Family and Community Services – Community Services

Manager Client Services/Manager Casework

Probation and Parole

Juvenile Justice

Housing

ADHC

NGO's

When a listed representative is not available to attend the meetings they will delegate this responsibility to an appropriate person within their agency.

Where another Government or Non-Government agency is providing a direct service to the child/ren and their families and who are not listed as part of the agreed membership, then an invitation will be extended for a representative from their agency to attend the meeting. In such cases the representative may not be required to remain for the whole meeting, only for the time that their case is being discussed.

8. Values

Members of the XXXX Child and Family Case Coordination Group will be expected to demonstrate:

- **Respect**

We will respect the individual, the environment and our culturally diverse community. We will treat everyone fairly with equity of opportunity and access for all. It is acknowledged that at times we will not always agree with others but will respect each other's opinions

- **Teamwork**

We will work within a network of people for the betterment of the community.

- **Asset Based Community Development**

We will not accept negativity. We will ascribe to the principles and values of Asset Based Community Development by placing an emphasis upon words and actions which are positive and build capacity by utilising existing strengths, assets and opportunities within the local community.

9. Media

Any contact with the media on behalf of the XXXX Child and Family Case Coordination Group shall be through the media departments of each agency. All workers should follow their home agencies' media protocols.

10. Confidentiality and Exchanging Information

Members will remain bound by the codes of conduct and ethics of their own organisation. All information shared in relation to families will be relevant to the family situation and the welfare and wellbeing of the children and family.

The new **Chapter 16A** of the Children and Young Persons (Care and Protection) Act 1998 clearly prioritises the safety, welfare and wellbeing of a child or young person over an individual's right to privacy. Chapter 16A also requires prescribed bodies to take reasonable steps to coordinate decision-making and the delivery of services regarding children and young people.

Chapter 16A allows government agencies and non-government organisations (NGOs) who are "prescribed bodies" to exchange information that relates to a child or young person's safety, welfare or wellbeing, whether or not the child or young person is known to Community Services and whether or not the child or young person consents to the information exchange. Up until now information exchange has generally only been possible where the information was sent to or received from Community Services.

Confidentiality must be maintained at all times. Information Sharing will be in line with the Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009. Please refer to:
http://www.keepthemsafe.nsw.gov.au/information_sharing.

11. Links with Key Programs, Agreements and Strategies

The XXXX Child and Family Case Coordination Group works in the context of the following community and government initiatives:

- Keep Them Safe
- Two Ways Together
- Remote Service Delivery Program
- Safe Families

The Group will undertake its work in accordance with the overall aims and principles of these initiatives.

Keep Them Safe

XXXX Child and Family Case Coordination Group is set up in accordance with the NSW Government's Keep Them Safe Strategy whereby child protection is the responsibility of all service providers and communities.

The Group will operate in accordance with the Principles of Keep Them Safe, as detailed at www.keepthemsafe.nsw.gov.au.

Two Ways Together Partnership Community Program

Aboriginal Affairs NSW's Two Ways Together Partnership Community program supports the XXXX Community Working Party (CWP) as the community governance body. Aboriginal Affairs in its role through their Project Community Partnership Officers support the CWP to work with government agencies to identify community priorities and develop an action plan called the XXXX Local Implementation Plan/Action Plan.

The XXXX Child and Family Case Coordination Group will provide relevant information to the CWP, attend CWP meetings and consider CWP priorities in accordance with the CWP's protocols, and in line with home agency agreements with the CWP.

Safe Families Program (subject to securing future funding post June 2012)

The Safe Families Program is a government-led, early intervention strategy to reduce child sexual assault in five Aboriginal communities in far west New South Wales including XXXX. The main focus is to strengthen the local community, equip and support them to stop child sexual assault.

The XXXX Child and Family Case Coordination Group will maintain communication with the Safe Families program in accordance with Safe Families guidelines.

12. Brokerage

The CCG Facilitator will be responsible for decisions in relation to the expenditure of the brokerage funds. These brokerage funds may be spent on individual family needs or can be pooled to provide a shared service that will benefit a number of families e.g. Parenting Course – or some combination of both. Approval for expenditure will be the responsibility of the CCG Facilitator.

Brokerage funding of \$50,000 per community is available for the duration of the project. Brokerage funds will remain a standard agenda item for discussion at CCG meetings. CCG to identify the most suitable and/or creative options for use of brokerage funds that will make a real difference to participating families.

Expenditure:

- Expenditure can be for a service such as child care, educational / skills development, membership to sporting clubs, tuition fee, household goods, family holiday etc.
- All requests for approval to be submitted to the CCG Facilitator for discussion at CCG meetings. Although consensus should be sought, the final decision for expenditure remains at the discretion of the CCG Facilitator.
- CCG Facilitator can approve expenditure under \$500 at the request of Primary Agency / Case Manager between CCG meetings when it is an urgent situation or it is inadvisable to wait until the next meeting.

Billing:

All expenditure must be approved prior to the expense being incurred.

All invoices are to be addressed to Mission Australia and where possible a written quote is required to be able to raise a purchase order and then the receipt must be provided to CCG Facilitator.

Accountability:

CCG Facilitator to table monthly brokerage balance sheet at the CCG meeting.

13. Review

These terms of reference will be reviewed at the annual planning meeting and updated as required.

Appendix 7: Terms of Reference for IP's

WILCANNIA

Safe Families Issues Panel (IP)

TERMS OF REFERENCE

Purpose

The establishment of local Issues Panels in each of the Safe Families locations is an attempt to improve coordinated responses to issues impacting on Aboriginal children's vulnerability to sexual harm.

The primary aims of the Issues Panel are to:

- a. Utilise an intelligence driven approach to identifying local issues impacting on Aboriginal communities, families and individuals that influence a child or young person's vulnerability to sexual harm.
- b. Ensure a timely response to Aboriginal children and young people vulnerable to sexual harm.
- c. Implement strategies to better coordinate and improve service delivery to Aboriginal children and young people vulnerable to sexual harm.

Membership

Membership of the Issues Panel will be comprised of Senior Managers (or their delegates) with service delivery responsibilities from the following agencies:

- Aboriginal Housing Office
- Ageing, Disabilities and Home Care
- Centrelink
- Community Services (Government & Non-Government)
- Housing NSW
- Juvenile Justice
- Local Government
- NSW Health
- NSW Police
- Office of Aboriginal Affairs
- Probation & Parole
- Schools (Government & Non-Government)
- Legal Services
- Save the Children Fund

- Centacare
- Mission Australia
- Lands Council
- Remote Service Delivery (FACHSIA)

A member from the following Aboriginal representative bodies will also be included in the Issues Panel:

- Safe Families Local Aboriginal Reference Group (LARG)
- Community Working Party (CWP)

Opportunities will be available for other Agencies to present to the Issues Panel upon request or invitation.

Chair

The Chairing role for the Issues Panel will be provided by the Office of Aboriginal Affairs.

Responsibilities of the Chair include:

- Chairing the meeting according to the agenda and allotted time
- Inviting specialists and other organisations to attend meetings
- Review and approve the draft minutes and reports before distribution
- Provide the key link between the Issues Panel and the Case Coordination Group (CCG)
- Coordinate out of session Panel meetings to address urgent issues
- Prepare a quarterly report to be provided to the Regional Aboriginal Child Sexual Assault Group (RACSAG)

Administrative Support

Administrative Support will be provided by the Safe Families Administration Officer.

Responsibilities of the Secretariat include:

- Schedule meetings and notify Panel members.
- Prepare and distribute agenda one week before Panel meetings.
- Prepare action minutes and distribute to Panel members one week after the meeting.
- Distribute Business Papers received to Panel members as they are received.

Meeting Procedures

- The Issues Panel will meet monthly for no more than 1.5 hours. These meetings will be held on the same day prior to the Case Co ordination

Groups (CCG's). There may be occasions when out of sessions may be called with relevant agencies to address on-going or urgent issues.

- Where agreement, identified issues will be allocated to a member agency(s) best able to provide or coordinate a response to the issue. Where it is determined that a non-member agency is better placed to address the issue the Chair (or appropriate member agency) will seek participation from the relevant agency to address the issue.
- Panel meetings will be held with sufficient timing to allow issues to be escalated to the RACSAG for advice and assistance if necessary.

Information Management

Discussions by the Issues Panel will tend to be of a sensitive nature and care should be taken to respect information provided by participating agencies. On the Keeping Them safe website a Consent Form regarding exchanging of information, IP members can refer to this for clarification.

A quarterly summary report will be compiled from the 5 Safe Families sites to be provided to the RACSAG and the Safe Families CE's Group for their information.

**Appendix 8: Wilcannia LARG's Child Sexual Assault
Prevention Plan**



**WILCANNIA CHILD SEXUAL ASSAULT
PREVENTION PLAN**

**A Community Response to Prevent the Risk of Harm
from Child Sexual Assault**

Prepared by the Wilcannia Safe Families LARG

December 2012

WILCANNIA SAFE FAMILIES

CHILD SEXUAL ASSAULT PREVENTION PLAN

Aim 1: The Wilcannia community openly discusses child sexual assault with the aim of building families and community safety to prevent child sexual assault.

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
1.1 To encourage the Wilcannia Aboriginal community to speak up relating to child sexual assault in the community to break the silence.	<p>1.1.1 Use existing community structures such as the Men’s Group, Women’s Group, young parents group, WINGS Drop in centre to facilitate breaking the silence</p> <p>1.1.2 Support regular (quarterly) Coordinated Family Fun days ensuring the promotion of community wide awareness of child protection and to encourage discussion of CSA and community safety in the Wilcannia community.</p> <p>These fun days to be organised by the local sporting clubs, such as the Rugby League and Golf club, and to be seen as family and community building events promoting a healthier lifestyle.</p>	<p>Wilcannia Aboriginal community is speaking out about child sexual assault.</p> <p>Education and awareness workshops/ training provided for each group as appropriate</p> <p>Activities and information about prevention of child sexual assault & community safety remains at the core of community events & activities.</p>	First quarter 2013	Local sporting clubs supported by all community organisations in Wilcannia	
1.2 To develop healing programs designed to overcome the effects of child sexual assault on victims and their	<p>1.2.1 Investigate support/ healing programs that would be appropriate for delivery in the Wilcannia community (healing sessions and structured support groups)</p> <p>These to be done on two levels, with the support of local professionals</p> <ul style="list-style-type: none"> • Yarn ups 	<p>Wilcannia community has access to healing and support programs.</p> <p>Programs to cater for both the victims of child sexual assault as</p>			

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
families.	<p>(localised)</p> <ul style="list-style-type: none"> Professional (for example NALAG) <p>For example the setting could be a cultural camp at appropriate location and be incorporated with actions 1.1.1, 2.2.3 & 2.3.2</p>	well as their families.			
1.3 Access to appropriate professional support for the victims of child sexual assault	1.3.1 Provide on-going professional education and support counselling for the victims of child sexual assault	All services can provide or refer to an appropriate support service			

Aim 2: To develop an education and awareness strategy to focus on the early intervention to prevent child sexual assault in the Wilcannia community

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
2.1 To promote community wide awareness of the issues relating to child sexual assault at community events	<p>2.1.1 Purchase relevant handouts from ECAV/ NAPCAN highlighting child sexual assault, child abuse, domestic violence and parenting tips</p> <p>2.1.2 Distribute information bags with pamphlets, other promotional items and resources at community events where information about child sexual assault & community safety is provided.</p> <p>These events/ campaigns include:</p> <ul style="list-style-type: none"> White balloon day Children's week ATSI children's 	<p>The Wilcannia community is well-informed in relation to the issues of child sexual assault</p> <p>Increased awareness of the prevention of child sexual assault.</p>			

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
	day <ul style="list-style-type: none"> • Drug action week • Mental health week • White ribbon day • Naidoc week • Youth week Other community activities and events				
2.2 To review the child protection curriculum in all the school's and conduct programs to complement what the children are learning	2.2.1 Liaise with key staff from the Wilcannia Schools to enhance the child protection curriculum in the schools. This includes the Child Care, Preschool, Central and Catholic school	Ensure the education programs support the goal of prevention of child sexual assault in Wilcannia			
	2.2.2 Purchase relevant programs/ resources/ aids where there is a gap identified for the use in child care, pre-school and schools	Increased resources available in the Wilcannia community to educate the children on prevention of child sexual assault.			
	2.2.3 Elders/ community role models to conduct yarn ups in conjunction with the schools to raise awareness of CSA in a cultural appropriate delivery.	Education and awareness yarn ups provided for each group as appropriate			
2.3 To conduct awareness and education programs on child sexual assault to community groups	2.3.1 Provide professional training to raise awareness of child sexual assault (ECAV/ NAPCAN/ Brave hearts/ breakaway)	Regular training is provided to service providers and community members on child sexual assault issues			
	2.3.2 Use existing community structures such as the Men's group, Women's Group, young parents group, WINGS Drop in centre	Education and awareness workshops/ training provided for each group as appropriate			

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
	to educate and raise awareness on CSA				
2.4 To raise awareness with young people to promote healthy life styles	2.4.1 Identify key local professionals to provide education programs for young people (Love bites/ Core of Life/ breakaway programs)	Young people participate in specific education programs			
	2.4.2 Develop and conduct a regular education program in 2013 through the WINGS drop in centre for girls and boys on alternate weeks. The program to include but not limited to the following topics - safe sex - drugs - alcohol - domestic violence - healthy lifestyle - pregnancy	Provide healthy lifestyle options for the youth of Wilcannia			

**Appendix 9: Walgett LARG's Child Sexual Assault
Prevention Plan**



**WALGETT CHILD SEXUAL
ASSAULT PREVENTION PLAN**

**A Community Response to Prevent the
Risk of Harm from Child Sexual Assault**

**Prepared by the Walgett Safe Families LARG and
Issues Panel**

September 2012

WALGETT SAFE FAMILIES

CHILD SEXUAL ASSAULT PREVENTION PLAN

Key Result 1: To create an environment in the Walgett Aboriginal community that openly addresses child sexual assault and cares and supports the victims and their families

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
1.1 To encourage the Walgett Aboriginal community to break the “wall of silence” relating to child sexual assault in the community	1.1.1 Train “mentors” to raise the issue in the community in informal settings 1.1.2 Use the Men’s Group as a conduit to breaking the silence 1.1.3 Use the Women’s Groups in Walgett, Namoi and Gingee as conduits to breaking the silence 1.1.4 Use youth groups as conduits to breaking the silence 1.1.5 Use the mother’s groups at	Walgett Aboriginal community is speaking out about child sexual assault			
	WAMS, MRCS and Mission Australia to speak out against child sexual assault				
1.2 To create an environment which allows the community to have the	1.2.1 Use resources such as coasters, fridge magnets, posters, stickers etc. in public	Walgett Aboriginal community says “No” to child sexual assault			Completed. Resources purchased.

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
hard discussions relating to child sexual assault	places as a way of stimulating conversation and giving the community permission to speak out				
1.3 To establish a community where children are safe from child sexual assault offenders	<p>1.3.1 Protective behaviours training for children so that they know that child sexual assault is wrong</p> <p>1.3.2 Children have identified significant people in their lives whom they feel safe to disclose</p> <p>1.3.3 Child sexual assault victims and their families are protected by the community</p>	Children feel safe in the Walgett Aboriginal community			

Key Result 2: To develop a strong educational strategy to reduce child sexual assault in the Walgett Aboriginal community

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
2.1 To promote the issues relating to child sexual assault at community events	<p>2.1.1 Purchase numerous pamphlets from NAPCAN highlighting child sexual assault, child abuse, domestic violence and parenting tips</p> <p>2.1.2 Distribute show bags with pamphlets, fridge magnets and other resources at all community events</p>	The Walgett Aboriginal community is well-informed in relation to the issues of child sexual assault			

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
2.2 To examine the child protection curriculum in the school and conduct programs to complement what the children are learning	2.2.1 Invite key staff from Walgett Community College to address the Issues Panel on the child protection curriculum in the school	The child protection curriculum in the school is enhanced by extra-curricular programs delivered by community-based agencies			
	2.2.2 Examine audio / visual material on child sexual assault				
	suitable to be used in schools				
	2.2.2 Purchase a Protective Behaviours Program and puppets for use in pre-schools and schools				
	2.2.3 Train key staff to use the puppets and deliver the program				
	2.2.4 Liaise with St Joseph's School, Walgett Community College and the pre-schools to deliver the programs regularly				
2.3 To conduct education programs on child sexual assault to community groups	2.3.1 Provide two sessions of Bravehearts "Supporting Hands" Training to raise awareness of child sexual assault	Regular training is provided to service providers and community members on child sexual assault issues			Completed. Bravehearts training was held in Nov 2012. More further training to be completed in May/June.
	2.3.2 Evaluate this training and its effectiveness within the community				
	2.3.3 Conduct an Annual Sexual Assault				

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
	<p>Forum in Walgett</p> <p>2.3.3 Determine what further training is required</p>				
2.4 To assist parents to teach their children protective behaviours in the home	<p>2.4.1 Conduct community awareness programs for parents</p> <p>2.4.2 Provide resources to parents to assist them to teach their children protective behaviours</p> <p>2.4.3 Nominate key staff in agencies to assist parents</p>	Children are taught protective behaviours by their parents			
2.5 To produce resources to distribute throughout the Walgett Aboriginal community to raise awareness of child sexual assault	<p>2.5.1 Design coasters, fridge magnets, stickers and posters</p> <p>2.5.2 Liaise with hotels and clubs to use the coasters in their premises</p>	Resources are developed and distributed throughout the community			Resources purchased.

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
	<p>2.5.3 Distribute show bags with resources at all community events</p> <p>2.5.4 Purchase perspex display holders for posters</p> <p>2.5.5 Distribute perspex holders and posters to public places</p>				

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
2.6 To network with other agencies / groups (such as the Drug and Alcohol Accord) to conduct local campaigns to reduce child sexual assault	<p>2.6.1 Identify other groups within the community to partnership with for specific campaigns</p> <p>2.6.2 Develop collaborative relationships with these groups</p> <p>2.6.3 Identify generic campaigns that can include raising awareness on child sexual assault</p>	Collaborative relationships are developed between agencies and groups			
2.7 To ensure that all people working with children and families are aware of their mandatory reporting obligations	<p>2.7.1 Conduct an audit of all agencies to determine what child protection training is provided to their staff</p> <p>2.7.2 Survey staff to determine their knowledge of their legal obligations as mandatory reporters</p>	Mandatory reporters are informed of their legal obligations			
2.8 To conduct local advertising campaigns to raise awareness of child sexual assault	<p>2.8.1 Examine national/state campaigns that may have material applicable to be used in a local campaign</p> <p>2.8.2 Develop a strategy for on-going advertising on raising awareness of child sexual assault</p>	Local annual Advertising campaigns are conducted			

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
	2.8.3 Implement an annual advertising campaign through local media				
2.9 To target young people to promote healthy relationships	2.9.1 Identify key professionals to provide education programs for young people 2.9.2 Conduct Girls' and Boys' Nights In on a regular basis to promote healthy relationships	Young people participate in specific education programs			

Key Result 3: That culturally appropriate skilled services are readily available to child sexual assault victims and their families

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
3.1 To ensure that staff in all services working with children and families in the Walgett Aboriginal community have appropriate training in issues relating to child sexual assault	3.1.1 Conduct an audit of staff in all services who are working with Aboriginal families to gauge their knowledge of child sexual assault issues 3.1.2 Facilitate training (such as two-day Bravehearts training or ECAV training) for staff who need training in child sexual assault issues	All staff working with children and families are trained in child sexual assault issues			
3.2 To	3.2.1 Evaluate	Sufficient and			

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
advocate for sufficient services to meet the needs of child sexual assault victims and their families	client satisfaction on the provision of services 3.2.2 Provide feedback to key agencies 3.2.3 Raise community awareness of the services available for child sexual assault victims and their families 3.2.4 Advocate for families to receive timely and appropriate services 3.2.5 Develop strategies for families so that they can keep their children safe when a perpetrator is residing in their community	timely services are provided to child sexual assault victims and their families			

Appendix 10: Lightning Ridge LARG’s Child Sexual Assault Prevention Plan

Lightning Ridge Child Sexual Assault Prevention Plan

A community response to prevent the risk of harm from child sexual assault

Prepared by the Lightning Ridge Safe Families Local Aboriginal Reference Group (LARG)

in consultation with the Lightning Ridge community. May 2012.

Aim 1: Community wide response to child sexual assault, with commitment from all levels of government, government agencies and non-government organizations.

Strategy	Key Actions	Intended Outcomes	Responsibility	Timeframe	Performance Indicator
1.1 Promote community wide awareness of child protection, community safety and the need to reduce risk of harm from child sexual assault.	1.1.1 Support the delivery of community engagement activities, where information about child sexual assault & community safety is provided. <ul style="list-style-type: none"> • NAIDOC Week • ATSI Children’s Day • White Balloon Day • Drug Action Week • Mental Health Week • International Women’s Day • Seniors Week • Harmony Day • National Closing the Gap Day • Youth Week 	<ul style="list-style-type: none"> • Increase and maintain community awareness of child sexual assault • Provide information about prevention, support and services • Encourage all services to maintain focus on the issue of child sexual assault. 	Service Providers, all levels of government & Community organizations	On-going	Activities and information about prevention of child sexual assault remains at the core of community events and activities

Strategy	Key Actions	Intended Outcomes	Responsibility	Timeframe	Performance Indicator
	<ul style="list-style-type: none"> Other community engagement activities and events 				
1.2 LARG members continue to bring community ideas and input to inform the on-going development of the Lightning Ridge child sexual assault prevention plan	1.2.1 LARG members engage in formal and informal consultation with community members about the risks of child sexual assault in Lightning Ridge	Lightning Ridge child sexual assault prevention plan reflects the values of community members	LARG members and Aboriginal community members.	on-going	Plan is reviewed 6 monthly or as required and includes relevant community input
1.3 Service Providers facilitate the participation of Aboriginal community members in relevant engagement activities	<p>Inform Aboriginal community members about relevant events and facilitate their participation. Include:</p> <ul style="list-style-type: none"> CWP Land Council School TAFE Preschool Little Diggers Elders / Seniors Families Children Health providers 	Aboriginal community members participate in events and activities and have access to information about the prevention of child sexual assault.	All services	On-going	Aboriginal community members are well represented at community events and activities

Aim 2: Focus on an early intervention approach to the prevention of child sexual assault – Early intervention aims to build the capacity of people to take action to prevent child sexual assault before it occurs

Strategy	Key Actions	Intended Outcome	Responsibility	Timeframe	Performance Indicator
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Strategy	Key Actions	Intended Outcome	Responsibility	Timeframe	Performance Indicator
2.1 Provide education about child protection and grooming practices where children are supervised by community members in a position of trust, such as coaches, trainers, lifeguards, librarians, church leaders, youth & playgroup leaders.	2.1.1 Training through ECAV or other suitable organization. 2.1.2 Support training of a local facilitator	Increase awareness of vulnerable situations Reduce opportunities for perpetrators Decrease risk of harm Ensure on-going education	All sporting club & sporting facility trainers, coaches and managers and community activities where children participate.	Provide training prior to each sporting club season. Offer training annually	All coaches, trainers and lifeguards and community leaders are educated about the risks of child sexual assault
2.2 Increase parent / community awareness of vulnerable situations	2.2.1 Develop resources for raising awareness of the risk of child sexual assault through health providers, preschool, school, police and relevant service providers & community workers	Increased awareness of risks Reduce opportunities for perpetrators	Health providers, Educators, Police, Case Workers and others as required.	Audit of existing resources by December 2012	Commitment by services to include information about risk of harm from child sexual assault in delivery of relevant services.
2.3 Review education programs to ensure relevant age appropriate content about the prevention of sexual assault and family violence, and the promotion of community safety are embedded.	2.3.1 Ensure use of existing community resources and assets 2.3.2 Identify gaps 2.3.3 Seek evidence based programs and content to improve outcomes in Lightning Ridge	Ensure education programs support the goal of prevention of child sexual assault in Lightning Ridge	Education, Preschool, Little Diggers, Mission Australia, Yawarra Meamei Women's Group, Youth Development Team, Health and others as required	Review existing programs during 2012 On-going	Educators ensure programs support the aims of the child sexual assault prevention plan. Relevant resources and programs in use in Lightning Ridge to reduce the risk of harm from child sexual assault

Aim 3: Build Respectful Relationships. Positive adult role models, positive parenting, education and support are crucial in changing social attitudes to child sexual assault

Strategy	Key Actions	Intended Outcome	Responsibility	Timeframe	Performance Indicator
3.1 Positive Parenting Program	Continue delivery of this program with emphasis on culturally appropriate content	Provide relevant information to strengthen parenting skills.	Mackillop Rural Community Services, Outback Division of General Practice, Little Diggers	On-going	Reduced risk of harm Improved parenting skills
3.2 Support Walgett Shire Youth Council to represent youth in Lightning Ridge.	3.2.1 Young People in Walgett Shire participate in decision making and planning to prevent risk of harm from child sexual assault. 3.2.2 Youth Council members represent their peers 3.2.3 Representatives from across Walgett Shire work together to improve Youth outcomes.	Provide positive role model for Lightning Ridge Community Develop leadership potential. Increase knowledge and understanding of relevant issues. Youth services are relevant Youth Council members are positive role models.	Walgett Shire Council Youth Development Team	On-going	Youth are consulted regarding programs, activities and opportunities. Concepts developed by youth are included in policy and decisions made which affect youth.
3.3 Youth Development Program	3.3.1 Provide leadership and support to maximize the potential of young people in Lightning Ridge. 3.3.2 Provide positive role model for Youth and parents in	Maintain awareness of risk of harm from child sexual assault Minimise risk of harm Provide	Walgett Shire Council Youth Development Team Community Partners	On-going	Quality programs which reduce the risk of child sexual assault are delivered by Youth Development Team in partnership with relevant

Strategy	Key Actions	Intended Outcome	Responsibility	Timeframe	Performance Indicator
	<p>Lightning Ridge</p> <p>3.3.3 Support provision and delivery of youth programs which provide education and information about sexual assault and personal and community safety.</p>	<p>appropriate support, information and referral.</p> <p>Work with service delivery partners to incorporate child sexual assault awareness and prevention into programs.</p>			<p>service providers.</p> <p>Opportunities for relevant education and program development are available to Lightning Ridge Youth Workers.</p> <p>Relevant programs and education is available to Youth in Lightning Ridge.</p>
3.4 Brolga Maternal and Infant Health Program	3.4.1 Develop initiatives which are culturally appropriate for Aboriginal families in consultation with the local community to reduce risk of harm from child sexual assault.	Build active collaboration with local services and community members to strengthen capacity	Outback Division of General Practice	<p>For review June 2012</p> <p>Continuation will be recommended.</p>	<p>Increased engagement by Aboriginal 0 – 5 in existing programs</p> <p>Improved access to ante & post Natal care</p> <p>Meet closing the Gap Targets.</p>
3.5 Safe Birrali Program	<p>3.5.1 Support children at risk of harm from child sexual assault and family violence.</p> <p>3.5.2 Support funding and delivery of Safe Birrali program</p>	Build resilience in children at risk of harm	Lightning Ridge Safe House Child and Family Support Worker, NSW Health.	On-going	Children participate in on-going Safe Birrali program delivery.
3.6 Love Bites Program	<p>3.6.1 Key service providers in Lightning Ridge train in Love Bites Program</p> <p>3.6.2 Program is delivered regularly in Lightning Ridge</p>	Young People in Lightning Ridge have the tools to experience respectful relationships	All service providers working with youth, including NSW Police, Health, Education, Safe House, Walgett Shire Youth	<p>Deliver training or establish funding commitment by June 2012</p> <p>Program delivery; Annually / On-</p>	<p>All year 10 students access Love Bites Program</p> <p>All services follow Love Bites principles in</p>

Strategy	Key Actions	Intended Outcome	Responsibility	Timeframe	Performance Indicator
	and surrounding communities. 3.6.3 Program principles are integrated across all agencies working with children and families		Development Team and others as required.	going.	their program delivery

Aim 4: Services Meet Community Needs.

Strategy	Key Actions	Intended Outcome	Responsibility	Timeframe	Performance Indicator
4.1 Aboriginal Specific programs	4.1.1 Aboriginal Mental Health First Aid	Service providers are able to provide culturally appropriate support	Health	2013 and on-going	Aboriginal Mental Health First Aid training is accessible to Lightning Ridge service providers
4.2 Maintain awareness of new and appropriate training opportunities	4.2.1 Evaluate evidence based education opportunities which can reduce the risk of harm from child sexual assault	Access specific training opportunities to increase the ability for service providers to reduce the risk of child sexual assault in Lightning Ridge.	All services	On-going	Best practice programs are available in Lightning Ridge
4.3 Ensure on-going development of cultural awareness	4.3.1 All workers working with Aboriginal families complete ECAV and / or other relevant cultural training.	Improved cultural awareness.	All services	On-going	All staff complete cultural awareness training and demonstrate cultural awareness in delivery of services
4.4 Strive for cultural	4.4.1 On-going cultural education and	High level of cultural	All services	On-going	Improved level of engagement by local and

Strategy	Key Actions	Intended Outcome	Responsibility	Timeframe	Performance Indicator
competency	awareness	competency			visiting service providers with Aboriginal community members
4.5 Awareness and prevention of risk of child sexual assault is part of policy of all services in Lightning Ridge.	4.5.1 Ensure policy, specific to the needs of the Aboriginal community is in place and followed.	Aboriginal specific policies in place to reduce the risk of child sexual assault.	All services	On-going	Policies updated and reviewed periodically. All new staff are aware of policies relating to reducing the risk of harm from child sexual assault

Aim 5: Facilitate transition for survivors of child sexual assault

Strategy	Key Actions	Intended Outcome	Responsibility	Timeframe	Performance Indicator
5.1 Appropriate professional Support	5.1.1 Culturally appropriate counselling available	Support provided is acceptable and effective for Aboriginal families	Health, Education, Police, JIRT etc.	On-going	All services can provide or refer to appropriate support
5.2 Maintain awareness of suitable ECAV and other opportunities to support survivors of child sexual assault	5.2.1 Provide professional on-going education and support for survivors of child sexual assault	Child sexual assault survivors have access to professional education and support Survivors develop tools for change	Health, Education, Safe House, Mission Australia, Mackillop Rural Community Services etc.	On-going	Develop community capacity to break the cycle of intergenerational and all sexual abuse.

**Appendix 11: Brewarrina LARG's Child Sexual Assault
Prevention Plan**



**BREWARRINA CHILD SEXUAL
ASSAULT PREVENTION PLAN**

**A Community Response to Prevent the Risk of
Harm from Child Sexual Assault**

Prepared by the Brewarrina Safe Families LARG

November 2012

BREWARRINA SAFE FAMILIES

CHILD SEXUAL ASSAULT PREVENTION PLAN

Aim 1: The Brewarrina community openly discusses child sexual assault with the aim of Breaking the Cycle.

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
1.1 To encourage the Brewarrina Aboriginal community to speak up relating to child sexual assault in the community to break the cycle.	<p>1.1.1 LARG members lead the community discussion regarding child sexual assault (monthly community meetings with a focus issue agenda)</p> <p>1.1.2 Use the Men's and Women's Group, youth group, young parents/ mum's group networks to facilitate breaking the silence</p>	<p>Brewarrina Aboriginal community is speaking out about child sexual assault</p> <p>Education workshops/ training provided for each group</p>	First Meeting 19/11	<p>LARG Members</p> <p>Centacare, Mackillop, Clontarf, Bre central School, Men's Shed, Health, Our Gonyah.</p>	
1.2 To create an environment which allows the community to have the hard discussions relating to child sexual assault	1.2.1 Use resources such as coasters, fridge magnets, posters etc. in public places as a way of stimulating conversation and encouraging the community to speak out.	Brewarrina community says "No" to child sexual assault	Dec 2012	Mackillop, Police	Brewarrina says no to CSA launch was held 19/04/2013 by LARG. Coasters have not been distributed yet.
1.3 To establish a community where children are safe from child sexual assault	1.3.1 Relevant training for children so that they know that child sexual assault is wrong	Children feel safe in the Brewarrina Aboriginal community	Dec 2012	Mackillop/ IP / Community	Bravehearts DITTO training to be held May/June.

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
offenders					
	<p>1.3.2. Child sexual assault victims and their families are protected by the community</p> <p>1.3.3. Investigate the re-establishment of the Neighbourhood watch concept as a "Safe" house for children.</p>				
1.4 Develop strategies to assist families when perpetrators return to community	1.4.1 To provide awareness to families so that they can keep their children safe when a perpetrator is residing in their community			Probation & Patrol, Police, IP	

Aim 2: To develop an education and awareness strategy to prevent child sexual assault in the Brewarrina Aboriginal community

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
2.1 To promote the issues relating to child sexual assault at community events	<p>2.1.1 Purchase relevant pamphlets from NAPCAN highlighting child sexual assault, child abuse, domestic violence and parenting tips</p> <p>2.1.2 Distribute information bags with pamphlets, fridge magnets and other resources at all community events</p>	The Brewarrina Aboriginal community is well-informed in relation to the issues of child sexual assault		Mackillop	Brewarrina says no to CSA launch was held 19/04/2013. Information bags were distributed at this event.

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
2.2 To examine the child protection curriculum in all the school's and conduct programs to complement what the children are learning	2.2.1 Invite key staff from the Brewarrina Schools to address the Issues Panel on the child protection curriculum in the schools	The child protection curriculum in the schools is enhanced by extra-curricular programs delivered by community-based agencies	Feb 2013	Bre Central School, St Pat's, Preschool, Child care, IP	
	2.2.2 Purchase relevant programs/ resources/ aids for use in child care, pre-schools and schools 2.3.2 Elders to conduct yarn ups in conjunction with the schools to give the message that CSA is "Not in our culture".		Feb 2013	CWP	
2.3 To conduct education programs on child sexual assault to community groups	2.3.1 Provide two sessions of Bravehearts "Supporting Hands" Training to raise awareness of child sexual assault 2.3.2 Evaluate this training and its effectiveness within the community 2.3.3 Determine what further training is required	Regular training is provided to service providers and community members on child sexual assault issues	Nov 2012	AA	Completed Nov 2012. More further training to be held in May/June.
2.4 To produce resources to distribute throughout the Brewarrina community to raise awareness of child sexual	2.4.1 Design coasters, fridge magnets and posters 2.4.2 Liaise with hotels and clubs to use the coasters in their premises	Resources are developed and distributed throughout the community	Dec 2012	Mackillop, Police	Coasters, fridge magnets and banner have been designed. Some information bags were distributed at

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
assault					the Bre says no to CSA launch. Perspex display holders and coasters have not been distributed to venues.
	<p>2.4.3 Distribute information bags with resources at all community events</p> <p>2.4.4 Purchase & distribute perspex display holders for posters to public places</p>				
	2.4.5 Liaise with Council to have signs erected on all highways leading into town with "Brewarrina says NO to Child Sexual Assault" on them		Dec 2012 for an update	AA, Bre Shire Council, RTA	A discussion was held about the signs in either the Dec, Feb or March meeting. At this meeting the IP members agreed that it would be easier to have signs at businesses etc than the signs on the highways as the signs on the highway could not be close to the road and you would not be able to see them when traveling on the highway.
2.5 To network with other agencies / groups (DP & C inter agencies) to	2.5.1 Identify and establish relationships with other groups within the community to partnership with	Collaborative relationships are developed between agencies and groups		Mackillop	

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
conduct local campaigns to reduce child sexual assault	for specific campaigns 2.5.2 Identify generic campaigns that can include raising awareness on child sexual assault legal obligations as mandatory reporters.			CCG ?	
2.6 To raise awareness with young people to promote healthy life styles	2.6.1 Identify key professionals to provide education programs for young people 2.6.2 Conduct Girls' and Boys' Nights In on a regular basis to promote healthy life styles	Young people participate in specific education programs	Feb 2013	Mackillop Bre Central School, Health, Bre Shire Council	Submission submitted for Girls and Boys night in. This event has yet to start but will be starting soon.
	2.6.3 Support the annual Bush to Beach trip to Narrabeen – taking kids/ families from Bre to the city	Widening young people's experience, giving them confidence to express themselves			

Aim 3: Supporting the survivors – ensuring that culturally appropriate services are readily available to child sexual assault victims and their families

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
3.1 To ensure that staff in all services working with children and families in the Brewarrina community have	3.1.1 Encourage local service providers to participate in relevant training provided for the community regarding child sexual assault	All staff working with children and families are trained in child sexual assault issues		All Agencies	

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
appropriate training in issues relating to child sexual assault	<p>issues</p> <p>3.1.2 Facilitate training (Bravehearts training or ECAV training) for staff who need training in child sexual assault issues</p>				
3.2 To advocate for appropriate support services to meet the needs of child sexual assault victims and their families	<p>3.2.1 All local services can provide or refer to appropriate support in a timely manner</p> <p>3.2.2 Raise community awareness of the services available for child sexual assault victims & their families</p>	Appropriate & timely services are provided to child sexual assault victims and their families		All Agencies	
	<p>3.2.3 Investigate support/ healing programs that would be appropriate for delivery in the Brewarrina community (healing, legal information sessions, & structured support groups)</p> <p>3.2.4 Investigate the establishment of a community support group to have general yarn ups. (this would be a follow on from the monthly meetings in Action 1.1.1)</p>	Community has access to healing and support programs.		<p>Mackillop/ IP</p> <p>LARG Members, CWP</p>	

**Appendix 12: Bourke LARG's Child Sexual Assault
Prevention Plan**



**BOURKE CHILD SEXUAL ASSAULT
PREVENTION PLAN**

**A Community Response to Prevent the Risk of
Harm from Child Sexual Assault**

Prepared by the Bourke Safe Families LARG

October 2012

BOURKE SAFE FAMILIES

CHILD SEXUAL ASSAULT PREVENTION PLAN

Aim 1: The Bourke community takes ownership and openly discusses child sexual assault with the aim of Breaking the Silence and Breaking the Cycle.

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
1.1 To encourage the Bourke Aboriginal community to speak up relating to child sexual assault in the community to break the cycle.	<p>1.1.1 LARG members lead the community discussion regarding child sexual assault in the Bourke community</p> <p>1.1.2 Use existing structures such as the Men's and Women's Group, young parents group, youth groups to facilitate breaking the silence</p> <p>1.1.3 Support regular Family Fun days ensuring the promotion of community wide awareness of child protection and to encourage discussion of CSA in the Bourke community.</p>	<p>Bourke Aboriginal community is speaking out about child sexual assault</p> <p>Education and awareness workshops/ training provided for each group</p> <p>Activities and information about prevention of CSA remains at the core of community events & activities.</p>	<p>Feb 2013</p> <p>On-going</p>	<p>LARG Members</p> <p>Mission, Centacare, IFBS, Thiyamali, Family Support, PYLO, Schools</p> <p>IFBS, CWP sub committee – Child & Family reference group, Community Services, JIRT, Health</p>	
1.2 To create an environment which allows the community to have the hard	1.2.1 Use resources such as coasters, fridge magnets, posters etc. in public places as a way of stimulating conversation and encouraging the community to speak out.	Bourke community is breaking the silence on child sexual assault	Mid Dec 2012	Mission	Competition in the schools for students to develop art work for the posters etc (close

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
discussions relating to child sexual assault					22/11) LARG approve 28/11
1.3 To develop healing programs designed to overcome the effects of child sexual assault on victims and their families.	<p>1.3. Investigate support/healing programs that would be appropriate for delivery in the Bourke community (healing, legal information sessions and structured support groups)</p> <p>These to be done on three levels, with the support of local professionals</p> <ul style="list-style-type: none"> • Yarn ups • Professional (NALAG) • Training (ECAV, NAPCAN or Brave hearts) 	Bourke community has access to healing and support programs.	<p>Raise Dec meeting</p> <p>Roll out in March</p>	FWML, AMS, Health, Community Health, Issues Panel	

Aim 2: To develop an education and awareness strategy to focus on the early intervention to prevent child sexual assault in the Bourke community

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
2.1 To promote the issues relating to child sexual assault at community events	<p>2.1.1 Purchase relevant handouts from ECAV/ NAPCAN highlighting child sexual assault, child abuse, domestic violence and parenting tips</p> <p>2.1.2 Distribute information bags with pamphlets, fridge magnets, stickers, pens and other resources at community events where information about child sexual assault & community safety is provided.</p> <ul style="list-style-type: none"> • White balloon day 	<p>The Bourke community is well-informed in relation to the issues of child sexual assault</p> <p>Increased awareness of the prevention of child sexual assault.</p>	<p>December 2012</p> <p>December 2012</p>	<p>Mission, IP</p> <p>Lead provider of the community event</p>	Some information sheets downloaded from NAPCAN website, just need to decide on the those to be included

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
	<ul style="list-style-type: none"> Children's week ATSI children's day Drug action week Mental health week White ribbon and the 16 days of activism 25/11 to 10/12 Other community activities and events 				
2.2 To review the child protection curriculum in all the school's and conduct programs to complement what the children are learning	2.2.1 Liaise with key staff from the Bourke Schools to enhance the child protection curriculum in the schools. This includes the Child Care, Preschool, State and Catholic schools	Ensure the education programs support the goal of prevention of child sexual assault in Bourke	March 2013	IP liaising with DEC, Bourke Children's Services & St Ignatius	
	2.2.2 Purchase relevant programs/ resources/ aids for use in child care, pre-schools and schools	Increased resources available in the Bourke community to educate the children on prevention of CSA.		IP	
	2.2.3 Elders/ role models to conduct yarn ups in conjunction with the schools to raise awareness of CSA in a cultural appropriate delivery.			CWP, AMS, Aboriginal Justice group	
2.3 To conduct education programs on	2.3.1 Provide professional training to raise awareness of child sexual assault (ECAV/	Regular training is provided to service	Feb 2013	Mission, IP	

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
child sexual assault to community groups	NAPCAN/ Brave hearts) 2.3.2 Use existing structures such as the Men's and Women's Group, young parents group, youth groups to educate and raise awareness on CSA	providers and community members on child sexual assault issues		Mission, Centacare, IFBS, Thiyamali, Family Support, PYLO, Community Services, JIRT, Health	
2.4 To produce resources to distribute throughout the Bourke community to raise awareness of child sexual assault	2.4.1 Design coasters, fridge magnets and posters 2.4.2 Liaise with hotels and clubs to use the coasters/ posters in their premises 2.4.3 Distribute information bags with resources at all community events	Resources are developed and distributed throughout the community	December 2012	Mission, Police (Alcohol Accord), Aboriginal Justice group Lead provider of the community event	
	2.4.4 Purchase & distribute perspex display holders for posters to public places 2.4.5 Conduct a mail out of relevant information on child sexual assault to the Bourke Aboriginal community	To the householder mail out via Post Office	Dec 2012 and second mailout Feb 2013	Mission Mission, IP, LARG	1500 posters in each mailout
2.5 To network with other agencies / groups (Domestic Violence or Drug & Alcohol inter agencies) to conduct local campaigns to reduce child sexual	2.5.1 Identify and establish relationships other groups within the community to partnership with for specific campaigns 2.5.2 Identify generic campaigns that can include raising awareness on child sexual assault	Collaborative relationships are developed between agencies and groups	Feb 2013	IP members	Child & Family interagency

Strategy	Actions / Tasks	Key Performance Indicators	Timeframe	Who Responsible	Progress to Date
assault	2.5.3 Develop a strategy for on-going advertising on raising awareness of child sexual assault (Local 2Cuz, Regional Imparja)	Local annual advertising campaigns are conducted			
2.6 To raise awareness with young people to promote healthy life styles	2.6.1 Identify key professionals to provide education programs for young people 2.6.2 Conduct Girls' and Boys' Nights In on a regular basis to promote healthy life styles	Young people participate in specific education programs	November 2012	Family Support, DEC, AMS, Health, Community Health, FWML, Community Services, JIRT	

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